

## Confirmation of full-time dissertation research

I certify that \_\_\_\_\_ has conducted full-time dissertation research under my supervision.

**Semester:** Winter Semester 20\_\_\_\_\_

Summer Semester 20\_\_\_\_\_

In the case of medical students, I confirm that **no clinical work or coursework** was performed during this time.

\_\_\_\_\_  
Signature Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor (please print)