

## Confirmation of full-time dissertation research

I certify that

\_\_\_\_\_

has conducted full-time dissertation research under my supervision.

### Semesters applicable:

Winter Semester 20\_\_\_\_\_

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

Winter Semester 20\_\_\_\_\_

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

Winter Semester 20\_\_\_\_\_

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

\*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.

Name Supervisor: \_\_\_\_\_

Munich, \_\_\_\_\_

Signature: \_\_\_\_\_  
(Supervisor)

**\* Please note:** Students are required to complete six semesters of full-time dissertation research. Continuous enrollment during these semesters is mandatory.