

Consent form cumulative thesis

In my function as first supervisor, I agree that my doctoral student

First name: _____

Surname: _____

writes a cumulative thesis. I hereby confirm that the scientific work is thematically connected, went through a scientific quality assurance procedure and complies with the requirements according to § 11 para. 1 of the doctoral regulations of April 16, 2021 (Official Notice of the RUB, No. 1408) in its entirety.

Ruhr-Universität Bochum
An die Vorsitzende bzw. den Vorsitzenden
des Promotionsausschusses der Fakultät ETIT
ID 1/643
Universitätsstraße 150
44801 Bochum

Date: _____

Signature ^{1st} Supervisor

[Academic chair stamp]