



**Application for permission to hold a Dr. sc. hum. oral examination electronically via video conferencing**

I, \_\_\_\_\_ (first name, family name),

born on \_\_\_\_\_ in \_\_\_\_\_ (city, country)

herewith apply for permission to hold my Dr sc hum oral examination electronically via video conferencing.

*Reason:*

\_\_\_\_\_

I will arrange for the examination to be held in a public location (e.g. school, library or university building)

*Location, address:*

\_\_\_\_\_

An objective observer with an academic position of at least postdoctoral level will be present throughout the examination, as is prepared to verify that the examination has been conducted correctly and without the use of inadmissible aids. I will ensure that the observer confirms their participation in the examination process in writing to the Promotionsbüro, as specified in the guidelines.

*Name, qualification and email address of the observer; relationship to the candidate:*

\_\_\_\_\_

I need to be located in private rooms during the examination rather than in public rooms such as a school, library or university building due to the following reasons:

\_\_\_\_\_

Although I have tried to find an objective observer with an academic position of at least postdoctoral level, due to the following reasons this was not possible:

\_\_\_\_\_

*Further, I agree with the following:*

I will show a passport or ID card with photograph to prove my identity at the beginning of the exam. I will ensure that the observer also provides a similar proof of identity.



I will provide a stable internet connection. In case the connection fails, I am aware that the question during which the interruption occurred will not be repeated, and that a new question will be asked instead. I am also aware that if the internet connection is severely disrupted, the exam may be continued at the same point or completely repeated at the next possible date at the discretion of the examination committee.

I will not use inadmissible aids during the exam, and acknowledge that if I do use inadmissible aids, the examination will be evaluated as failed.

---

Place, Date

---

Signature