Family name
First name(s)
Current address

I hereby declare that I have read and understood the Statute for Safeguarding Good Scientific Practice of BTU Cottbus-Senftenberg (2018) read the Statute here

## **Sworn Declaration**

Please tick the respective boxes applicable to your personal situation

☐ I hereby declare on oath that I have not applied for the permission to take the final examination for a doctoral degree nor took a doctoral examination at another university.	
☐ I hereby declare on oath that I have never had an application to take the doctoral examination cancelled, nor was a doctoral title taken away from me because of an attempt to deceive.	
☐ I hereby declare on oath that I have in the past submitted a doctoral dissertation for review by a doctoral committee:	
1. N	lame of the university
2. C	Country
3. D	Octoral dissertation submitted to
th	ne Faculty or School of
4. T	itle of the dissertation
5. R	Result of the decision of the
D	Ooctoral Committee on awarding
th	ne doctor title
Date	
Original signature (in handwriting)	