STATEMENT OF SUPPORT FOR THE RESEARCH AND STUDY PLAN FROM THE SUPERVISOR AND THE PROFESSOR (OR THE PERSON IN CHARGE) OF THE FIELD OF STUDY

REGISTRATION OF A DOCTORAL DISSERTATION  □
REGISTRATION OF A LICENTIATE THESIS  □

Applicant name:________________________________________________________________________

Title of the study:_______________________________________________________________________

E-mail address:_________________________________________________________________________

SIGNATURES

Place, date and signature

_________________________ ___/___ 20___  Signature of the applicant

I hereby agree to act as a supervisor and accept the research and postgraduate study plan proposed by the applicant. According to established practice, supervising tasks are carried out in accordance with good scientific practices and without any special compensation.

Name in print of the supervisor  ____________________________
Professor/Docent Degree and Field

Signature of the supervisor  ____________________________
E-mail address

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Professor/Docent Degree and Field

Signature of the supervisor  ____________________________
E-mail address

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Professor/Docent Degree and Field

Signature of the supervisor  ____________________________
E-mail address

I support the application

Signature of the professor (or person in charge) of the field of study and name in print