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___

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

Signature of the supervisor

E-mail address

Name in print of the supervisor

Signature of the supervisor

E-mail address

Name in print of the supervisor

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