

Faculty of Social Sciences

CONSENT TO ACT AS A MEMBER OF THE FOLLOW-UP GROUP

Applicant name: _____

Title of the study: _____

SIGNATURES

Place, date and signature

_____ / ____ 20 _____
Signature of the applicant

I have read the applicant's research plan and agree to act as a member of the follow-up group if the Steering Group for Doctoral Education accepts the application. According to established practice, supervising tasks are carried out in accordance with good scientific practices and without any special compensation.

Place, date and signature

_____ / ____ 20 ____

Name _____

Degree _____

Professor/Docent/Other Field and University _____

Address _____

E-mail _____

Signature _____