## Request for the approval of a co-supervisor

Name of the **doctoral student**: ……………………………………..………… Year:........................ ……………

Doctoral school: …………………………………………………………………………………

Research topic: ………………………………………………………………………………… …………………………………………………………………………………………………

Name of the **dissertation supervisor**: …………………………………………………………………………….

Place of work: ……………………………………………………………………………………

Research field: ………………………………………………………………………………. ………………………………………………………………………………………………....

Name of the suggested **co-supervisor**: ……………………………………………………

Place of work: …………………………………………………………………………………… ………………………………………………………………………………………………....

Name of the doctoral school, where he/she is an accredited dissertation supervisor: …………………………………………… ………………………………………………………………………………………………....

Research field: ………………………………………………………………………………. ………………………………………………………………………………………………....

Justification: ………………………………………………………………………………………

Date: …………………………………….

………………………… ………………………… …………………………

doctoral student dissertation supervisor co-supervisor

I consent/ do not consent to the request.

…………………………………….

head of the doctoral school

The doctoral committee of the disciplinary area consents/ does not consent to the request.

…………………………………….

Chairperson of the doctoral committee:

The Doctoral and Habilitation Council of the University consents/does not consent to the appointment of the co-supervisor.

Date: …………………………………..

…………………………………….

Chairperson of the Doctoral and Habilitation Council of the University