



APPLICATION FORM
ADDITION TO THE FORM IN OPINTOPOLKU

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

Name in print of the supervisor

Professor/Docent Degree and Field

Signature of the supervisor

E-mail address

Name in print of the supervisor

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