

APPROVAL Enclosure to the application for the right to pursue a doctoral degree

DOCTORAL PROGRAMIME
Name of the doctoral programme
APPLICANT
Last name
First name
Date of birth
E-mail address
Signed and scanned document should be attached in the study right application by the application period deadline.
SUPERVISORS
I commit to work as the above mentioned applicant's supervisor as well as confirm that I am familiar with their application and its appendices.
Name of the supervisor 1, Signature, Academic degree and title (PhD/Prof./Assoc. prof./Docent), Date
Name of the supervisor 2, Signature, Academic degree and title (PhD/Prof./Assoc. prof./Docent), Date
Name of the supervisor 3, Signature, Academic degree and title (PhD/Prof./Assoc. prof./Docent), Date
COORDINATING PROFESSOR
I confirm that I am familiar with their application and its appendices.
Name of the professor in charge of major, Signature, Date

HELSINGIN YLIOPISTO HELSINGFORS UNIVERSITET UNIVERSITY OF HELSINKI