

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

DOCTORAL PROGRAMME IN COMPUTER SCIENCE

APPLICANT

ast name	_
ïrst name	
Date of birth	
-mail address	

Signed and scanned document should be attached in the study right application by the application period deadline.

MAIN SUPERVISOR

□ I commit to work as the above mentioned applicant's main supervisor as well as confirm that I am familiar with his/her application (including research, study, and funding plans) and its appendices.

Please, comment the research and funding plans briefly (max. 500 char.)

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OTHER SUPERVISORS

I confirm that I am familiar with their application and its appendices.

DateSignature of the supervisor 3Clarification of signatureChoose your academic degree and title:PhD / Professor / Associate professor / Docent

DateSignature of the supervisor 3Clarification of signatureChoose your academic degree and title:PhD / Professor / Associate professor / Docent

COORDINATING PROFESSOR

If one of the applicant's supervisors is a professor, they can also be the coordinating professor.

I confirm that I am familiar with their application and its appendices.

Date Signature of the professor in charge of major Clarification of signature

THESIS COMMITTEE

Every applicant must have a thesis committee (follow-up group), which has at least two members. The thesis committee consists of at least one docent-level expert and of other members. All members should hold a doctoral degree and have knowledge in the field of research of the doctoral candidate. The coordinating professor can be a member of the thesis committee if they are not the supervisor. The thesis committee can also have members outside the University of Helsinki. The members should not have close collaboration (beyond the thesis committee) with the doctoral candidate or their supervisor(s).

I commit to work as the above mentioned applicant's thesis committee member as well as confirm that I am familiar with their application and its appendices.

DateSignature of the support group member 1Clarification of signatureChoose your academic degree and title:PhD / Professor / Associate professor / Docent

DateSignature of the support group member 2Clarification of signatureChoose your academic degree and title:PhD / Professor / Associate professor / Docent