# ****DOCTORAL PROGRAMME****

## Name of the doctoral programme

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ****APPLICANT****

## Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Check the doctoral programme’s application instructions for the supervising requirements
* The signed and scanned document must be attached to the application for the right to pursue a doctoral degree in the Opintopolku application portal by the application deadline.
* Check that the information on the application form and supporting statement is consistent
* In the case of three supervisors, you have to justify the role of each supervisor from scientific point of view in the project on the application form.
* Thesis committee members are nominated when applying a study right.
* A coordinating academic must be employed by the faculty from which a study right for a doctoral degree is applied for. Check the faculty-specific instructions on the application instructions.
* If your supervisor acts as your coordinating academic, they must sign the form both as the supervisor and as the coordinating academic.

# ****SUPERVISORS****

I commit to work as the above mentioned applicant’s supervisor as well as confirm that I am familiar with his/her application and its appendices.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the supervisor 1 Clarification of signature

Choose the highest academic degree or title: Professor / Associate professor / Docent/ PhD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the supervisor 2 Clarification of signature

Choose the highest academic degree or title: Professor / Associate professor / Docent/ PhD

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the supervisor 3 Clarification of signature

Choose the highest academic degree or title: Professor / Associate professor / Docent / PhD

# ****THESIS COMMITTEE MEMBERS****

I (the applicant) hereby confirm that the following persons are committed to work as my thesis committee members. I confirm that they are familiar with my application and its appendices, and that they are not close collaborators (e.g. shared research projects or grants within the last 3 years, no family connections or manager/employee relationship) of the thesis supervisor. I have informed the thesis committee members on their duties in advance.

**The thesis committee member 1**

First name:

Last name:

Academic degree: Professor / Associate professor / Docent /PhD

**The thesis committee member 2**

First name:

Last name:

Academic degree: Professor / Associate professor / Docent / PhD

**The thesis committee member 3**

First name:

Last name:

Academic degree: Professor / Associate professor / Docent / PhD

**The thesis committee member 4**

First name:

Last name:

Academic degree: Professor / Associate professor / Docent / PhD

**Signature of the applicant**

# ****COORDINATING ACADEMIC****

Name of the coordinating academic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I am familiar with his/her supervision arrangements, application and its appendices.

I am employed by the Faculty of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of the coordinating academic