

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

DOCTORAL PROGRAMME IN ATMOSPHERIC SCIENCES

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.
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.)
Date Signature of the supervisor 1 Clarification of signature

Choose your academic degree and title: PhD / Professor / Associate professor / Docent

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OTHER SUPERVISORS

I confirm that I am familiar with their application and its appendices.			
Date Choose	Signature of the supervisor 3 your academic degree and title: PhD / Profes	Clarification of signature sor / Associate professor / Docent	
Date Choose	Signature of the supervisor 3 your academic degree and title: PhD / Profes	Clarification of signature sor / 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 coordinating professor	Clarification of signature	