



DOCTORAL AGREEMENT

Second supervisor

Doctoral Student

Name, First name	
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First supervisor

Name, First name	
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Application

Second supervisor

Name, First name	
Affiliation	

Declaration second supervisor

I hereby agree to act as second supervisor for the dissertation of the above doctoral candidate.

I understand that at least one progress meeting a year with the entire doctoral committee (first supervisor, second supervisor and any additional supervisors) is required.

I will prepare a second, independent review of the dissertation and participate in the doctoral examination.

Date, Signature
Second supervisor

Approval by the Doctoral Board

Approved: Yes No

Notes (optional):

Date, Signature
Head of the Doctoral Board