



DOCTORAL AGREEMENT

Additional supervisor

Doctoral Student

Name, First name	
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First supervisor

Name, First name	
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Second supervisor

Name, First name	
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Application

Additional supervisor

Name, First name	
Affiliation	

Declaration additional supervisor

I hereby agree to act as additional 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 an additional, independent review of the dissertation and participate in the doctoral examination.

Date, Signature
Additional supervisor

Approval by the Doctoral Board

Approved: Yes No

Notes (optional):

Date, Signature
Head of the Doctoral Board