



Doctoral Agreement Second Supervisor

Doctoral Student

Name, First name:

First Supervisor

Name, First name:

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: