

GENERAL INFORMATION AND PERSONAL DATA OF THE CANDIDATE:			
GIVEN NAME AND FAMILY NAME OF THE APPLICANT			
Name of the study			
Topic application for obtaining the academic title of Doctor of Science: (please insert X in the appropriate box)		<input type="checkbox"/> within the doctoral study programme	<input type="checkbox"/> based on the scientific achievements
Student identification number			
Given name and family name of mother and/or father			
Date and place of birth			
Address			
Telephone/mobile phone			
e-mail			
CANDIDATE'S CV			
Education (listed in reverse chronological order)			
List of works and active participation on conferences (Extended list to be enclosed with application)			
TITLE OF THE PROPOSED TOPIC			
Croatian			
English (or other foreign language)			
Language of the thesis			
MENTOR(S)			
	Academic teaching and research title/ academic research title, GIVEN NAME AND FAMILY NAME:	INSTITUTION:	E-MAIL:
Mentor			

UNIVERSITY OF ZADAR

Approval of the dissertation theses topic (synopsis)
within the PhD application process

Topic application

PhD_Application_Synop

Co-mentor			
MENTOR'S COMPETENCIES – list up to 5 scholarly works in the field of doctoral thesis			
Mentor – Given name and family name/ List of works			
Co-mentor – Given name and family name/ List of works			
TOPIC ELABORATION			
Abstract in Croatian language (max 500 characters with spaces)			
Abstract in English language (max 500 characters with spaces)			
Introduction (max 2000 characters with spaces)			
Overview of background scientific comprehensions and research (max 5000 characters with spaces)			
Research goals, questions and hypotheses (max 6500 characters with spaces)			
Research material, methodology and plan (max 6500 characters with spaces)			
Expected scientific contribution of the proposed research (max 500 characters with spaces)			
References (max 15 references)			
STATEMENT OF THE CANDIDATE			
<p>I hereby declare under full responsibility that I have not submitted doctoral thesis application with an identical theme in any other university.</p> <p>In Zadar, _____ Signature _____</p> <p style="text-align: right;">Given name and family name</p>			
Note (optional):			

Please name file: *PhD_APPLICATION_Sinop_name_surname of the candidate.doc*

Please, deliver the completed form *PhD_APPLICATION_Sinop_name_surname of the candidate.doc* in electronic form and in the signed printed form to the Office for Postgraduate Studies (e-mail: tajnistvopds@unizd.hr); the address for submitting the printed form is: University of Zadar, Office for Postgraduate Studies, Ruđera Bokovića 5, 23000 Zadar, Croatia).

Form *PhD_APPLICATION_Sinop_name_surname of the candidate.doc* to be completed by candidate with help of mentor (and co-mentor).