Mentor/Co-mentor, given name and family name, academic title
Primary high education institution / Research institution
Address
Tel. /E-mail

University of Zadar
Postgraduate Doctoral Study Programme Council

Subject: APPROVAL FROM THE MENTOR/CO-MENTOR FOR THE PROPOSED DISSERTATION THESIS TOPIC (SYNOPSIS)

In the function of… (state function: mentor or co-mentor), I hereby give consent to… (state student's given name and family name) for the proposed dissertation thesis topic (synopsis) under the title… (state the title of the topic).

Place, date

Signature