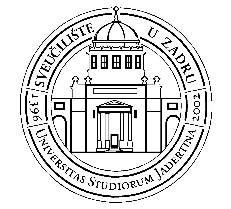
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UNIVERSITY OF ZADAR

Postgraduate doctoral study

REQUEST FOR CHANGING THE MENTOR/CO-MENTOR AND/OR TOPIC OF THE DEFENDED SYNOPSIS

|  |  |  |  |
| --- | --- | --- | --- |
| **PhD STUDENT** | | | |
| Name and surname | |  | |
| Identification number of the PhD student | |  | |
| Name of the study | |  | |
| Residence address | |  | |
| Telephone/mobile phone | |  | |
| E-mail | |  | |
| Doctoral dissertation topic | a) Title in the language of the dissertation |  | |
| b) Title in Croatian if it is not under a) |  | |
| c) Title in English if it is not under a) or b) |  | |
| **MENTOR/CO-MENTOR(S)** | | | |
|  | | Academic/scientific title,  name and surname | Home institution, country |
| Mentor | |  |  |
| Co-mentor (1) | |  |  |
| Co-mentor (2) | |  |  |
| **NEW MENTOR/CO-MENTOR(S)**  *(to be filled out only if one wants to change the mentor/co-mentor(s);*  *In that case it is required to enclose the new form DOK-01 with this form)* | | | |
|  | | Academic/scientific title,  name and surname | Home institution, country |
| Mentor | |  |  |
| Co-mentor (1) | |  |  |
| Co-mentor (2) | |  |  |
| **NEW TOPIC TITLE**  *(to be filled out only if one wants to change the doctoral dissertation topic;*  *In that case it is required to enclose the new form DOK-03 with this form)* | | | |
| New topic title | a) Title in the language of the dissertation |  | |
| b) Title in Croatian if it is not under a) |  | |
| c) Title in English if it is not under a) or b) |  | |
| **EXPLANATION OF THE REQUEST FOR CHANGING THE TOPIC** | | | |
|  | | | |
| **OBSERVATION OF THE MENTOR/CO-MENTOR(S) ON THE REQUEST** | | | |
| Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Co-mentor’s (1) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Co-mentor’s (2) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PhD student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

The filled-out form is to be delivered signed in print to the Office for Postgraduate Studies at the address: University of Zadar, Office for Postgraduate Studies, Ruđera Boškovića 5, 23000 Zadar