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UNIVERSITY OF ZADAR

Postgraduate doctoral study

APPROVAL OF THE MENTOR/CO-MENTOR FOR THE APPLICATION OF THE DOCTORAL DISSERTATION TOPIC (SYNOPSIS)

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| **MENTOR/CO-MENTOR(S)** | | | |
|  | Academic/scientific title,  name and surname | Home institution | E-mail |
| Mentor |  |  |  |
| Co-mentor (1) |  |  |  |
| Co-mentor (2) |  |  |  |
| **PhD STUDENT** | | | |
| Name and surname |  | | |
| Name of the study |  | | |
| **TITLE OF THE PROPOSED TOPIC** | | | |
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| **APPROVAL OF THE MENTOR/CO-MENTOR** | | | |
| I give my approval for the application of the doctoral dissertation topic.  Mentor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Co-mentor’s (1) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-mentor’s (2) signature ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTE: The form can be filled out and signed individually | | | |

The filled-out and signed form is to be delivered in printed form together with the application of the doctoral dissertation topic to the Office for Postgraduate Studies at the address University of Zadar, Office for Postgraduate Studies, Ruđera Boškovića 5, 23000 Zadar