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UNIVERSITY OF ZADAR

Postgraduate doctoral study

SUBMISSION OF THE DISSERTATION TO THE EVALUATION PROCEDURE

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| **PhD STUDENT** | | |
| Name and surname |  | |
| Identification number of the PhD student |  | |
| Name of the study |  | |
| Residence address |  | |
| Telephone/mobile phone |  | |
| E-mail |  | |
| **MENTOR/CO-MENTOR(S)** | | |
|  | Academic/scientific title,  name and surname | Home institution, country |
| Mentor |  |  |
| Co-mentor (1) |  |  |
| Co-mentor (2) |  |  |
| **TITLE OF THE DOCTORAL DISSERTATION** | | |
|  | | |
| Enclosed documents:   1. 4 copies of the doctoral dissertation 2. CV 3. list of works (if applicable) 4. signed approval of the mentor 5. signed approval of the co-mentor (if applicable) 6. abstract 7. index 8. confirmation of payment of the cost of the evaluation procedure (enclosed by the PhD students of the postgraduate doctoral study in *Humanities*)   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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