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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