

COMMITMENT OF OTHER POSSIBLE SUPERVISOR

This form is provided as an **obligatory** attachment in the postgraduate study right application.

APPLICANT

Name: _____

Research field:

Degree:

INFORMATION AND COMMITMENT OF OTHER POSSIBLE SUPERVISOR

Name: _____

Title: _____

Organization (if other than LUT, attach also CV):

E-mail: _____

With my signature I hereby confirm that the research and study plans were created together with the applicant, and I commit to act as the applicant's supervisor if he/she is granted the postgraduate study right.

Date:

Signature: _____