

303 REQUEST FOR EXAMINATION OF LICENTIATE THESIS

Doctoral Programme
-

PERSONAL DATA

Last name and first names	Student number
Street address	Telephone number
Postal code and city	E-mail address*

*I accept that the university can send all the messages and decisions regarding my application process to my email address.

DETAILS OF LICENTIATE THESIS

Research field (name and code)	
Form of licentiate thesis: Article Monograph Essay Other	Language of thesis
Title of licentiate thesis (in the language that the thesis is written)	
Supervising professor	
Thesis advisor (name, degree, place of employment, e-mail/telephone number)	

DETAILS OF EXAMINER(S)

Examiner (name, degree, place of employment, e-mail/telephone number)
Examiner (name, degree, place of employment, e-mail/telephone number)

SIGNATURE OF APPLICANT which signifies the acceptance of proposed examiner(s)

Date	Signature
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SIGNATURE OF SUPERVISING PROFESSOR

Date	Signature
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DECISION BY DOCTORAL PROGRAMME COMMITTEE

<input type="checkbox"/> Application approved	<input type="checkbox"/> Application not approved (extract from the minutes enclosed)
Date	Signature

For detailed information, please see into.aalto.fi.