

PERSONAL DATA OF THE APPLICANT:

Doctoral study right applicants

| | |
|---|---------------------|
| Last name | First name |
| Social security number or date of birth | Student number |
| Street address | Town, code, country |
| Place of domicile | Phone number |
| Nationality | Native language |
| E-mail | |

I WISH TO APPLY FOR THE RIGHT TO STUDY THE FOLLOWING COURSE(S):

*Please note! The applicant is responsible for getting the confirmation from teacher(s) concerning participation in the course(s) (signature or email).

| Course data | | | |
|---------------|---------------------|-------------------------------|--------|
| course number | title of the course | teacher (name and signature)* | period |
| | | | |
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Doctoral programme I am applying for:

Designated supervisor:

I have an employment contract at LUT (doctoral student), start date of the contract

_____ Date Signature _____

ATTACHMENTS: Copy of degree certificate and transcript of records if the higher university degree is taken at another university than LUT

Return the application to LUT Doctoral School (room 2318).

| | |
|--|---|
| DECISION: I have by my decision, today | <input type="checkbox"/> approved your application <input type="checkbox"/> rejected your application reason: _____ _____ _____ |
| ____ / ____ 20____ Head of LUT Student Services | _____ Presenting official |