

**303 REQUEST FOR EXAMINATION OF LICENTIATE THESIS**

Doctoral Programme

**PERSONAL DATA**

Last name and first names	Student number
Street address	Phone 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:			Language of thesis
<input type="checkbox"/> Article	<input type="checkbox"/> Monograph	<input type="checkbox"/> Essey	<input type="checkbox"/> Other
Title of licentiate thesis (in the language that the thesis is written)			
Supervising professor			
Thesis advisor(s) (name, degree, place of employment, e-mail/phone number)			

**DETAILS OF EXAMINER(S)**

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

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

Date	Signature
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**SIGNATURE OF SUPERVISING PROFESSOR**

Date	Signature and printed name
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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

Doctoral Programme Committee appoints the examiners of licentiate thesis.

For detailed information, please see [into.aalto.fi](http://into.aalto.fi).