

PRELIMINARY STUDY PLAN FOR DOCTORAL STUDIES 40 ECTS

CONFIRMATION OF DOCTORAL STUDIES 40 ECTS

PERSONAL DATA

Last name and first names	Student number at Aalto University
E-mail address*	Telephone number

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

RESEARCH FIELD (20-35 ECTS):

Course code	Course name or information of the activity	Credits
Total:		

SCIENTIFIC PRACTICES AND PRINCIPLES (5-20 ECTS)

Course code	Course name or information of the activity	Credits
Total:		
Total number of credits:		

SIGNATURE OF SUPERVISING PROFESSOR / PREREQUISITES FOR THE APPLICANT

I will set no prerequisites	I will set the following prerequisites:
Date	Signature and printed name

SIGNATURE OF APPLICANT / DOCTORAL STUDENT

Date	Signature
------	-----------

DECISION

Study plan confirmed	Study plan not confirmed (extract from the minutes enclosed)
Date	Signature of the presenting official