



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

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

<input checked="" type="checkbox"/> Study plan confirmed		<input type="checkbox"/> Study plan not confirmed (extract from the minutes enclosed)
Date	Signature of the presenting official	