

**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: <input type="checkbox"/> Article <input type="checkbox"/> Monograph <input type="checkbox"/> Essey <input type="checkbox"/> Other	Language of thesis
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
------	-----------

**SIGNATURE OF SUPERVISING PROFESSOR**

Date	Signature and printed name
------	----------------------------

**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).