**SUPERVISOR’S CONSENT FORM**

I, the undersigned supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name and surname, affiliation)*, confirm that I agree with the selected course list of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name and surname)* listed below:

Required courses:

* *(name of course)*
* *(name of course)*
* ...

Elective courses:

* *(name of course)*
* *(name of course)*
* ...

***IF THE SUPERVISING TEAM SHALL ALSO INCLUDE A CO-SUPERVISOR, PLEASE FILL OUT THE SECTION BELOW.***

I, the undersigned, also agree that the following co-supervisor will work with the student mentioned above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name and surname, affiliation)*.

Supervisor’s signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_