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| **DR.03 DECISION ON THE APPROVAL OF THE DOCTORAL THESIS PROPOSAL[[1]](#footnote-1)** |
| **DOCTORAL CANDIDATE** |
| **First and last name:** |       |
| **Registration number:** |       |
| **GENERAL INFORMATION ABOUT THE STUDY PROGRAMME** |
| **Institution responsible for organizing the studies:** |       |
| **Name of study programme:** |       |
| **Name of partner institution** *(in case of dual doctorate)***:** |       |
| **Name of doctoral study programme at partner institution** *(in case of dual doctorate)***:** |       |
| **Area / field / branch** *(if the doctoral study programme is performed within a branch)***:** |       |
| **Date of enrolment in doctoral study programme:***(day/month/year)* |       |
| **FINAL DOCTORAL THESIS TITLE** |
| **Final doctoral thesis title:** | *In the language of the thesis* |       |
| *In Croatian* |       |
| *In English* |       |
| **APPROVED MENTOR(S)** |
| **Mentor:** | **Full name, title:** | **Institution, country:** | **E-mail:** |
|       |       |       |
| **Mentor:** | **Full name, title:** | **Institution, country:** | **E-mail:** |
|       |       |       |
| **COMMITTEE FOR THE EVALUATION OF THE THESIS PROPOSAL AND MENTOR PROPOSAL** |
| **Appointed Committee for the Evaluation of the Thesis Proposal and Mentor Proposal:** | **Full name, title:** | **Institution, country:** | **E-mail:** |
| 1.       |       |       |
| 2.       |       |       |
| 3.       |       |       |
| 4.       |       |       |
| 5.       |       |       |
| **Date of thesis proposal public defence:***(day/month/year)* |       |
| **Session of the competent body and agenda item with the decision to approve the thesis proposal:** |       |
| **Planned doctoral thesis defence:***(year and semester)* |       |
| **Additional comments** *(optional)*: |
|       |
| **ATTACHMENTS** *(separate from this form)*: | 1. DR.01 Form Proposal Application
2. DR.02 Form Proposal Evaluation
3. Decision of the faculty council / academy council / study programme council on accepting the thesis proposal
4. Opinion of the Ethics Committee of the constituent (if mandatory for thesis proposal)
 |
| **Date and verification – seal and signature of the responsible person:** |
| In      , on       Signature      *(place and date) (full name)***(seal)** |

1. Please rename file as: DR.03 – *Last Name First Name of doctoral candidate*.pdf

Forward the completed and signed DR.03 form together with the DR.01 and DR.02 forms and the Opinion of the Ethical Committee of the constituent (if necessary) to the appropriate Student Office in digital and print format with the accompanying documentation. The Student Office forwards a digital copy of the completed form via e-mail (to dr.sc.obrasci@unizg.hr) and a print copy to the Registry Office of the University of Zagreb (Trg Republike Hrvatske 14). [↑](#footnote-ref-1)