

First name and last name:
Address:
E- mail:

FACULTY OF KINESIOLOGY IN SPLIT
STUDENT ADMINISTRATION OFFICE
DOCTORAL STUDY COMMITTEE

Split,

SUBJECT: DOCTORAL DISSERTATION APPLICATION

I hereby ask for the approval of my doctoral dissertation application.

Thesis title:
Mentor:
Co-mentor:

I hereby state that I have fulfilled all my commitments on the study programme and achieved the total of _____ ECTS credits and thereby met all the requirements for doctoral dissertation application.

I thank you in advance.

Enclosed materials:

- preliminary version of doctoral thesis (7 copies)
- digital version of doctoral thesis (CD/DVD)

AFTER REVISING THE RECORD FILE OF THE STUDENT _____ IT IS ESTABLISHED THAT THE STUDENT HAS MET ALL STUDY REQUIREMENTS DETERMINED BY THE REGULATIONS ON THE POSTGRADUATE DOCTORAL STUDY AND ACHIEVED THE TOTAL OF _____ ECTS AS FOLLOWS:

- a) _____ ECTS credits in classes and exams
- b) _____ ECTS credits in presentation of results of a research paper
- c) _____ ECTS credits in publication of research paper

In Split _____

REQUIREMENT FROM ARTICLE 17, PARAGRAPH 4 OF THE REGULATIONS

REQUIREMENT FULFILLED REQUIREMENT NOT FULFILLED

HEAD OF THE DOCTORAL STUDY

HEAD OF THE STUDENT ADMINISTRATION OFFICE
