

REQUEST FOR A CO-SUPERVISION

See the Academic Regulations and Internal Regulations. Study programmes: ☐ ANSO □IE ☐ ECD □IH ☐ IR/PS Last name, First name(s): File number: Semester: Name of the first Co-Supervisor: Date: Signature: Name of the second Co-Supervisor: Date: Signature: (not needed if the chosen Co-Supervisor is external to the Institute) New thesis title: Enclose a letter of motivation justifying your request for this co-supervision. Administration use only Decision and signature of the Direction of Studies: