REQUEST FOR A CO-SUPERVISION

See the Academic Regulations and Internal Regulations.

Study programmes:

☐ ANSO  ☐ IL  ☐ 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: