

Supervisor's Consent

(Annex to the application for doctoral studies at the First Faculty of Medicine of Charles University)

To be filled in by applicants for study programs taught in English:

"I confirm that if the applicant [name and surname of the applicant] is admitted to the doctoral study program [name of the study program] in the academic year [20.../20...] at the First Faculty of Medicine, Charles University, I will participate as the supervisor in their studies and in the development of the dissertation titled [title of the dissertation topic] in accordance with the valid regulations of Charles University (Code of Study and Examination, Rector's Directive No. 5/2020: Doctoral Study Handbook) and the First Faculty of Medicine of Charles University (Rules of Study)."

Considered research funding (own grant, supervisor's grant, sponsorship, interest of a specific department, etc.): [please fill in]

In [place] on [day, month, year]

[*Title, Name, and Surname of the Supervisor*]

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Supervisor's Signature