



SUPERVISOR ACCEPTANCE FORM

Please fill out the following Supervisor Acceptance Form for the incoming student if you are willing to be his/her supervisor during his/her study period at the University of Zadar for the purpose of research/work on final/master's thesis/PhD dissertation.

Please note that each incoming student must already have a mentor at his/her home University and that your responsibility is limited to the student's work during his/her stay.

I, _____ [*Supervisor's name*], accept _____ [*Student's name*], a student of the University of, to supervise his/her research/work on final/master's thesis/PhD dissertation during his/her mobility at the University of Zadar from _____ until _____.

SUPERVISOR'S DATA:	
Faculty / Department:	
E-mail:	
Phone:	

Date and place: _____ Supervisor's signature: _____

TO BE FILLED OUT BY THE MENTOR AT HOME UNIVERSITY:

I, _____ [*Mentor's name*], agree that _____ [*Student's name*], a student of the University of, spends a study period his/her research/work on final/master's thesis/PhD dissertation during his/her mobility at the University of Zadar from _____ until _____.

Date and place: _____ Mentor's signature: _____