FORM FOR THE ADDITIONAL "*DOCTOR EUROPÆUS*" CERTIFICATION

to be attached to the FINAL EXAMINATION APPLICATION

The undersigned (Surname and Name) ____

Student ID No. ____

Telephone __________________________ Email ______________________________________

enrolled in the PhD Programme in ____

____

Cycle ____

HEREBY REQUESTS

recognition of the additional *Doctor Europæus* label, together with the PhD degree, in accordance with the requirements established by the European University Association and referred to in Article 34 of the Regulations.

Date __________________________ PhD candidate's signature ____________________________

Note: Requirements established by the European University Association and referred to in Article 34 of the University Regulations:

a) positive reports on the thesis prepared by two professors from two European universities other than the university where the PhD programme is conducted, selected by the Supervisor and the Academic Board;

b) at least one member of the examining committee must belong to a European university other than the university where the thesis is defended; this member may not be one of the referees;

c) part of the thesis defence must be conducted in an official European language other than the national language of the country where the PhD programme is conducted;

d) the thesis must have been prepared following a research stay of at least three months, which need not be continuous, at an institution in another European country.