First name:

Last name:

Scientific unit:

Scientific field:

**DECLARATION**

I declare that I am willing to provide supervision for a doctoral dissertation of

Ms / Mr:

In the field of:

If the candidate is admitted to the Doctoral School of KUL.

At the same time, I confirm that I meet all the requirements of a doctorial supervisor according to § 10 of the Rules and Regulations of the KUL Doctoral School.

Date: Signature:

**The Rules and Regulations of KUL Doctoral School § 10**

The associate supervisor may be a person with a doctoral degree.