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| **REQUEST TO CHANGE STUDY ADVISOR** |

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| 1. **INFORMATION ON DOCTORAL CANDIDATE** | |
| Name and surname |  |
| PIN |  |
| Student’s Reg. No. |  |
| Contact address |  |
| Phone/cell phone |  |
| E-mail |  |

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| **2. INFORMATION ON PREVIOUSLY APPOINTED STUDY ADVISOR AND STATEMENT ON TERMINATION OF ADVISORSHIP** | |
| Name and surname |  |
| Title and appointing institution |  |
| Institution of employment |  |
| Contact address |  |
| E-mail |  |
| Phone/cell phone |  |
| Statement on termination of advisorship | I hereby declare and confirm with my signature that my advisorship of the doctoral candidate named under item 1 is terminated. |
| Handwritten signature of previously appointed study advisor |

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| 1. **APPOINTMENT PROPOSAL AND INFORMATION ON NEWLY PROPOSED STUDY ADVISOR / STATEMENT ON ACCEPTED ADVISORSHIP OF DOCTORAL CANDIDATE** | |
| Name and surname |  |
| Title and appointing institution |  |
| Institution of employment |  |
| Contact address |  |
| E-mail |  |
| Phone/cell phone |  |
| Statement on accepted advisorship | I hereby declare and confirm with my signature that I agree to act as study advisor of the candidate named under item 1 and that I am aware of student advisor's duties referred to in Article 8 of the Rules for Carrying Out the Postgraduate Doctoral Study Programme of Biomedicine and Health. |
| Handwritten signature of proposed study advisor |

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| Date |  |
| Doctoral candidate’s handwritten signature |  |

To be filled out by a doctoral candidate with the consent of the previously appointed and newly proposed study advisors (as confirmed by their signatures).

Filled out Request is to be submitted in printed form to the Committee for Postgraduate Studies of the Faculty of Medicine Osijek, Cara Hadrijana 10e, Osijek.