**EURECA-PRO PhD Journey 2024**

**Approval of supervisor(s)**

Undersigned,

…………………………………………………………………………………………………………………………………………..……….………, (Name & Surname + title of Faculty)

 supervisor(s) of the doctoral student

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………,
……………………………………………………………………………………………………………………………………………………………,
(Name & Surname + Student Registration Number + title of Faculty)

**agrees that the aforementioned doctoral student participates in the EURECA-PRO PhD Journey 2024.**

Name, date and signature:

supervisor(s) doctoral student