**Dual Doctorate Application Form**

The information below will be used for creating the agreement for dual doctorate:

**INFORMATION - CANDIDATE**

Name and surname:

Date and year of birth:

Place and state of birth:

Citizenship:

Name of the home university:

Faculty:

Department:

Name of the doctoral programme:

**INFORMATION – HOME UNIVERSITY** (home university is where you have enrolled at the doctoral programme, partner university is the one you are about to enroll to start the process of dual doctorate)

Supervisor (name, surname, title):

Legal documents (at the University of Zagreb these are: *Regulations on Doctoral Studies at UNIZG* and *Regulations on International Dual Doctorates* ):

Rector / President:

Address:

Academic year of the enrollment at the doctoral programme:

**INFORMATION – PARTNER UNIVERSITY**

Name of the partner university:

Faculty:

Department:

Doctoral programme:

Academic year of the enrollment at the doctoral programme:

Supervisor (name, surname, title):

Legal documents:

Rector / President:

Address:

**INFORMATION – DOCTORAL STUDY**

Provisional duration of the doctoral study:

Duration of research period on partner institution:

**INFORMATION – DOCTORAL THESIS**

Provisional title of the thesis or the topic

Academic year of the doctoral defense:

Language in which the thesis will be written:

Language in which the thesis will be defended:

Institution where the defense will take place:

Structure of the defense committee (number of members from each institution, number of external members):

How the expenses for travel and the accommodation of travelling supervisor and members of the defense committe will be covered:

**FEE / TUITION**

Doctoral candidate pays registration fee / tuition at (institution):

Doctoral candidate is exemped from paying fee / tuition at (institution):

**HEALTH INSURANCE**

Health insurance at the home university:

Health insurance at the partner university:

**CONTACT INFORMATION - COTUTELLE COORDINATOR AT PARTNER INSTITUTION** (administrative staff)

Name and surname:

Position / office:

E-mail:

Telephone:

Full address:

**CONTACT INFORMATION – COORDINATOR AT THE UNIZG FACULTY WHERE THE CANDIDATE IS ENROLLED** (administrative staff)

Name and surname:

Position / office:

E-mail:

Telephone:

Address:

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(place and date)