

REQUEST FOR A CO-DIRECTION

Full name of the Doctoral Student

Sciper:

Enrolment date

Doctoral program:

THESIS DIRECTOR

Name of the Thesis Director

Laboratory's name & Location

THESIS CO-DIRECTOR

Title and full name

Co-dir Lab's name & Location

Email co-dir

JUSTIFICATION OF THE REQUEST

Explain why a co-direction is necessary for the Phd Student to succeed in her/his studies



An updated Co-director's CV – including title, birthdate, full name, professional address, professional email address – and the list of Co-director's publications have been uploaded in the doctoral student's file (GED)

FOR APPROVAL - DATE AND SIGNATURE

DOCTORAL STUDENT

THESIS DIRECTOR

THESIS CO-DIRECTOR

PROGRAM DIRECTOR

THIS FORM IS TO BE RETURNED - DULY COMPLETED AND SIGNED
TO THE ADMINISTRATIVE ASSISTANT OF YOUR DOCTORAL PROGRAM

REMARKS BY THE DOCTORAL SCHOOL

DATE:

SIGNATURE:

Adjoint-e à la Vice-présidence associée pour l'éducation postgrade
Deputy to the Vice-president for Postgraduate Education