

REQUEST FOR A CO-DIRECTION

Full name of the doctoral candidate		Sciper nr	
Enrolment date		Doctoral program	
Name of the thesis director			
Laboratory's name & location			

THESIS CO-DIRECTOR	
Title and full name	
SCIPER	
Laboratory's name & location	
Email	

JUSTIFICATION OF THE REQUEST
Explain why a co-direction is necessary for the doctoral candidate to succeed in his/her studies
The updated co-director's CV – including title, birthdate, full name, professional address, professional email address – and the list of the co-director's publications have been attached to this document (not necessary for EPFL Professors and MER)

FOR APPROVAL – DATE AND SIGNATURE			
DOCTORAL CANDIDATE	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

FOR APPROVAL BY THE DOCTORAL SCHOOL – DATE AND SIGNATURE
DEPUTY TO THE ASSOCIATE VICE-PRESIDENT DOCTORAL AND LIFELONG EDUCATION