**Addendum - Application form requesting a tuition-free extension to complete the doctoral dissertation**

 Registration no. Doctoral School

Endorsed by Doctoral School Director ..............................

Endorsed by CSUD Director ...................................................

**Respected CSUD Director,**

I, the undersigned, ……......................................................................., doctoral student within the Doctoral School of ......................................................, enrolled on .......................(date), in the field of………..................................................... under the supervision of Ms./Mr. …………........................................, hereby request consideration for a grace period of \_\_\_\_ semesters (2 or 4 semesters), tuition-free, starting ................................................., for the completion of my doctoral dissertation. I hereby confirm that upon submitting this application I have fulfilled all my obligations under my learning agreement as well as my obligations pertaining to the activities in the doctoral course of study plan as approved by the Doctoral School Council ................ and I have no outstanding payment of fees.

I am aware of the Babeș-Bolyai University Regulation governing the organisation and operation of doctoral studies stating that:

1. during the extension period I am not eligible for a doctoral scholarship regardless of the funding category I have been admitted to;
2. no interruption of doctoral studies may be granted during the extension period;
3. failure to defend the doctoral dissertation by the end of the requested extension period (the last working day of the last semester of the extension period) will entail my expulsion from doctoral studies.

Signature, Date:

*Approved,*

Doctoral supervisor: Last name, first name

Signature:

*Endorsed by the Doctoral School Secretariat..............................*

*We certify the successful completion of the doctoral programme on ...................., in compliance with all the contractual obligations of the learning agreement and with the doctoral course of study plan approved by the Doctoral School Council. The student has no outstanding payments to UBB.*

*Date: Secretary Last name, first name*

 *Signature:*