**SP\_Addendum3**

**Director of Doctoral School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Last name, First name)

schedules public defence
on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_ hrs
room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Director’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair of the doctoral committee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Last name, First name)

I express my availability to attend the dissertation defence on the indicated date.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **To the**

**Doctoral School Director** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**of Babeș-Bolyai University**

DEAR SIR/MADAM,

 I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 current residence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_, City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Postal code \_\_\_\_\_\_\_\_\_\_\_\_,

County (Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

enrolled on doctoral studies on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, under the guidance of doctoral supervisor Ms/Mr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kindly request your approval for scheduling the public defence of my doctoral thesis entitled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as recommended by my doctoral supervisor.

 I hereby confirm that I fulfil the statutory requirements of the doctoral studies programme in accordance with the relevant legal provisions applicable. I am also aware that the public defence of my doctoral dissertation **can only be initiated after the completion of the stages and the integral submission** to the Institute for Doctoral Studies of Babeș-Bolyai University of the documents stipulated in the MO no. 3020/2024 for the approval of the Framework Regulation governing doctoral studies.

 Date, signature of doctoral student:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, the undersigned,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **as doctoral supervisor, propose that the doctoral defence of the aforementioned dissertation be held on** \_\_\_\_\_\_\_\_\_\_\_\_, **at** \_\_\_ **hrs., room** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of doctoral supervisor: **Approval of doctoral dissertation defence,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSUD Director,

 Professor Anca-Mirela ANDREICA, PhD

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_