Application for approval regarding work activities according to art. 20 of the Regulation concerning PhD programmes for PhD students with grant

To fill in by the Phd-student

To the PhD course committee/ the coordinator of the Phd course in:

____________________________________________________________

Faculty: _____________________________________________________

The undersigned Phd-student _________________________________ enrolled in the ________ year ________ cycle of the PhD course mentioned above, applies for the approval of the following work activity:

Description of the work activity:

☐ Supplementary teaching activities (maximum 40 hours per year): (please indicate) _________
☐ Tutoring (maximum 40 hours per year): (please indicate) _____________________________

Duration: from XX.XX.XXXX to XX.XX.XXXX

Hours: __________

☐ Hours per week
☐ Total hours per year

Remuneration (eventually): _________________________________

Motivation (Please indicate shortly the advantage of the work activity and its connections with the contents of the PhD programme):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

1
The undersigned PhD-student declares that the work activity mentioned before does not compromise his successful participation to the PhD programme.

________________, __/__/____   ______________________________
Signature PhD-student

The supervisor: __________________________
______________________________
Signature supervisor

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To fill in by the coordinator

The present application has been:

☐ Approved
☐ Not approved
☐ Approved with the following modification ________________________________

by the coordinator Prof. __________________________ delegated by the PhD course committee (resolution of the PhD course committee n. XX/XXXX).

________________, __/__/____
______________________________
Signature Coordinator