\_\_\_\_\_\_\_\_\_\_\_\_\_\_ field   
Chairperson of the promotion council of LBTU

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faculty  
Doctoral student’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application

I, the undersigned, certify that I agree with the composition of the promotion council: ..., the appointed reviewers: ..., the number of copies of the doctoral thesis and summary to be submitted and the submission of the electronic version, as well as the payment for the promotion process costs, if applicable.

\_\_.\_\_.20\_\_\_

Name, surname

/signature/