

To the Chairperson of the HSE University's Dissertation Committee

in _____
(academic field)

from _____
(full name, with a patronymic, if any)

registered at the following address _____

residing at _____

passport _____ issued _____
(serial number) (date and authority)

e-mail address _____

phone _____

Request

I hereby request to accept my dissertation titled:

“ _____ ”
(topic of the dissertation)

for review and defence with respect to the possible conferment of a Candidate of Sciences
(Doctor of Sciences) degree in _____
(academic field)

My dissertation was prepared at _____
(full name of the organization)

My Academic Supervisor (Academic Advisor) (if any): _____
(the full name and academic degree)

The defence shall be held for the first (second) time.

I hereby give my consent to have my personal details included in the certification file and for their subsequent processing. I hereby attest that all data and results submitted for the defence are original and authentic, and have been obtained independently on my part (with the exception of instances expressly stated otherwise in my dissertation).

The consent shall be valid for the term of _____ years from the day when it was submitted.

Date, signature