Teaching Support Authorization

Request Form

To the Coordinator of the Ph.D. Program in Science and Technology for Electronic and Telecommunication Engineering (STIET)

I, the undersigned _____ , Ph.D. student of Cycle _____ ,

hereby request authorization to carry out teaching support activities.

Course title: _____

Degree program: _____

Instructor responsible for the course: _____

Number of teaching hours: _____

Planned period of activity: _____

I declare that the above activity is fully compatible with my Ph.D. research and training activities.

Date _____ Signature _____

Supervisor's Opinion

I, the undersigned _____ ,

supervisor of the above-mentioned Ph.D. student, express a favorable opinion regarding the requested teaching support activity.

Date _____ Signature _____

Signatures may be handwritten on the printed form or applied as a digital signature to the completed PDF.