UNIVERSITY OF LJUBLJANA
INTERDISCIPLINARY DOCTORAL
PROGRAMME IN BIOMEDICINE

ACADEMIC YEAR 2018/2019

CONSENT OF THE MENTOR

I _____ declare
(mentor's name and last name and academic title)

to mentor the doctoral student _____
(doctoral student's name and last name)

during his/her study and research in the Interdisciplinary Doctoral Programme in Biomedicine,

research field _____.
(define the field in the programme)

Please write three references from the student's research area in the last five years:

1.
2.
3.

Date: Mentor's signature:

_____ _____