Certificate

Date

# Supervisor certificate

It is hereby certified that the doctoral student… (name and social security number) is admitted to doctoral studies at… (name of the university) during the academic year 20xx/20xx and wants to take the course… (name of the course, course code and third-cycle level) at the University of Skövde. This course will be part of the student’s doctoral studies.

Supervisor Doctoral student

Supervisor’s signature Name of the doctoral student