|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Institution logo to which the external advisorbelongs |
|  |  |  |

To the President of the Scientific Council

School of Sciences

University of Minho

**SCIENTIFIC SUPERVISION ACCEPTANCE TERM**

I, (name of supervisor), (category), of (name of the institution), hereby declare to accept the scientific supervision of the doctoral thesis of (name of the student), of the (designation of the course), under the theme “(thesis theme)”.

I also acknowledge that the conditions necessary to carry out the proposed work are ensured.

(Institution), (day) of (month) of (year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature