**ACORDUL COORDONATORULUI**

**PENTRU PARTICIPAREA LA EXAMENUL DE ADMITERE**

Subsemnatul/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cadru didactic al Universității „Aurel Vlaicu” din Arad și coordonator științific de doctorat în cadrul Școlii Doctorale Interdisciplinare, prin prezenta îmi exprim acordul privind participarea la examenul de admitere în programul de doctorat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a candidatului/ei \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, în sesiunea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semnătura \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COORDINATOR'S AGREEMENT  
FOR PARTICIPATION IN THE ADMISSION EXAM**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a faculty member of "Aurel Vlaicu" University of Arad and doctoral scientific coordinator within the Interdisciplinary Doctoral School, hereby give my consent for the participation of candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the admission exam for the doctoral program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, during the session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCORD DU DIRECTEUR DE THÈSE  
POUR LA PARTICIPATION À L'EXAMEN D'ADMISSION**

Je soussigné(e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, membre du corps enseignant à l'Université "Aurel Vlaicu" d'Arad et directeur(trice) scientifique de doctorat au sein de l'École Doctorale Interdisciplinaire, par la présente, j'exprime mon accord concernant la participation à l'examen d'admission au programme de doctorat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, du candidat(e) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, lors de la session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_