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| «AGREED» | | | | | | | | | | | | | |  | | | To Academic Supervisor of MSci program  «Mathematics» | | | | | | | | | | | | | |
| *Academic Supervisor of MSci Program* | | | | | | | | | | | | | | Gorodentsev A.L. | | | | | | | | | | | | | |
| «Mathematics» | | | | | | | | | | | | | | from | | | | | *Full Name* | | | | | | | | |
| *(full name)* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Student of | | | | | | 2nd | | year, | ММТ201 | | | group | |
| очной формы обучения, ОП магистратуры | | | | | | | | | | | | | |
| «Mathematics» | | | | | | | | | | | | | |
| *(signature)* | | | | | | | | | | | | | | *(MSci Program name)* | | | | | | | | | | | | | |
| Gorodentsev A.L. | | | | | | | | | | | | | | Faculty of Mathematics | | | | | | | | | | | | | |
| *(full name)* | | | | | | | | | | | | | | E-mail: | | | | | | |  | | | | | | |
| « | | |  | | | | » | |  | 20 | |  | г. | phone.: | | | | | | |  | | | | | | |
| **(or supervisors who are NOT employees of the Faculty of Mathematics and its laboratories)** | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
| **APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I ask to change my supervisor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| from | | | | | *(full name of current supervisor)* | | | | | | | | | | | | | | | | | | | | | | | |
| *(full name of current supervisor)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| to | | | *(full name of new supervisor)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| *(full name of new supervisor)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| due to | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| *Date* | | | | | |  | | | |  | | | / | |  | | | | | | |
| *Date* | | | | | |  | | | | *Signature* | | |  | | *Full name* | | | | | | |
| Consent of the current supervisor | | | | | | | | | | | | | |  | | | / | |  | | | | | | |
|  | | | | | | | | | | | | | | *Signature* | | |  | | *Full name* | | | | | | |
| Consent of the new supervisor | | | | | | | | | | | | | |  | | | / | |  | | | | | | |
|  | | | | | | | | | | | | | | *Signature* | | |  | | *Full name* | | | | | | |

**IMPORTANT:**

|  |  |
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| **for supervisors who are NOT employees of the Faculty of Mathematics and its laboratories:** | |
| academic degree, academic title |  |
| position |  |
| place of work |  |
| e-mail |  |
| phone |  |