

**co-author statement**

**Doctoral School of the Humanities**

**Doctoral School of Social Sciences**

Case No.: 2018-569-00023

Document no.: 110643 version 25/01/2018

|  |  |
| --- | --- |
| **Title of paper** |       |
| **Journal** |       |
| **Published** |       |

|  |
| --- |
| **Description of PhD student’s contribution**Name of PhD student:            |
| **Description of co-author’s contribution**Name of co-author:            |
| **Description of co-author’s contribution (if applicable)** Name of co-author:            |
| **Description of co-author’s contribution (if applicable)** Name of co-author:            |
| **Description of co-author’s contribution (if applicable)** Name of co-author:            |
| **Description of co-author’s contribution (if applicable)** Name of co-author:            |

|  |  |
| --- | --- |
| **PhD student** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |
| **Co-author** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |
| **Co-author** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |
| **Co-author** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |
| **Co-author** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |
| **Co-author** |       |
| **I hereby declare that the above information is correct** | **Yes** | [ ]  | **No** | [ ]  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |