

## **DECLARATION OF SUPERVISION APPROVAL**

**[Institution Name]**  
**[Department Name]**  
**[Date]**

To Whom It May Concern,

I, **[Supervisor's Full Name]**, **[Supervisor's Position]** at **[Institution Name]**, confirm my approval to supervise **[Doctoral Student's Full Name]** in the **[Doctoral Program Name]**.

I will provide academic guidance and support throughout the research process, in accordance with institutional policies.

For further inquiries, please contact **[Relevant Contact Person]** at **[Email Address]**.

Sincerely,  
**[Supervisor's Full Name]**  
**[Supervisor's Position]**  
**[Institution Name]**  
**[Department Name]**