

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]