Thesis committee composition

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| --- | --- |
| **Name of PhD student:**  **Institute, department:**  **Birth Date:**  **Phone:**  **E-mail:** |  |
| **Date of LNDS acceptance letter:** |  |
| **Thesis title:** |  |
| **President:** (designated by the Doctoral School) | **Suggestions are welcome.** |
| **Thesis Director:**  **Complete address – Inst. & Dept:**  **E-mail and Telephone** |  |
| **Thesis Co-director :**  **Complete address – Inst. & Dept:**  **E-mail and Telephone** |  |
| **Expert 1 :**  **Complete address – Inst. & Dept:**  **E-mail and Telephone** |  |
| **Expert 2:**  **Complete address – Inst. & Dept:**  **E-mail and Telephone** |  |
| **Expert 3 :**  **Complete address – Inst. & Dept:**  **E-mail and Telephone** |  |
| **Date, time and location of intermediate evaluation:**  (18 months max after LNDS acceptance letter) |  |