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) |  |