

Thesis committee composition

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)	