

Student's Name:

Student Ident. Number:

Proposal for the Composition of the Doctoral Thesis Defense Committee

Committee	Name, incl. Academic Degree(s)	Institution, Address, E-mail
Chair		
Reviewer		
Reviewer		
Reviewer		
Member		
Member		
Member		
Member		

(Recommended - 8 members for the TD, including the Chair and the Reviewers)

.....
Date and Supervisor's Signature

Study Program Board's Statement:

.....
Date and SPB Chair's Signature

Training Centre's Statement:

.....
Date and Dean's Signature