

**Student's Name:**

**Student Ident. Number:**

**Proposal for the Composition of the Doctoral Thesis Defense Committee**

Committee	First Name, Last Name(s), 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)*

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Date and Supervisor's Signature

**Study Program Board's Standpoint:**

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Date and SPB Chair's Signature

**Training Centre's Standpoint:**

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Date and Dean's Signature