

Student's Name:

Student Ident. Number:

Proposed Members for the State Doctoral Examination Committee

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

(Recommended - 6 members for the State Doctoral Examination, including the Chair and the Reviewer)

Date, Time and Place of the State Doctoral Examination:

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Date and Supervisor's Signature

Study Program Board's Standpoint:

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

Training Centre's Standpoint:

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Date and Dean's Signature