

Model letter 3 – Assessment Committee

To:	Dean of Faculty:		
From:	Principal Supervisor		

Cc: (co-)supervisors, UM PhD Office,

Chair of the assessment committee:

Date:

Reference: Doctoral candidate:

Subject: Assessment Committee doctoral thesis:

Attachment: In case of a Joint/Double Doctorate, the signed cooperation agreement

Dear Dean,

Recently the supervisory team assessed the doctoral thesis:

of . The thesis consists of a scientific treatise/a number of separate scientific treatises¹. We concluded that the thesis meets the criteria as stated in the Doctoral Regulations². Therefore, we now ask you to appoint a chair of an assessment committee³ as well as the members of the assessment committee⁴, in accordance with the Doctoral Regulations⁵, in order to ask the committee whether the thesis can be admitted to the doctoral defence.

We propose to appoint as chair and member of the Assessment Committee:

Name:

Personal Title:

Phone:

Email address:

Title of the Chair/Position:

The (co)supervisors confirm that the person mentioned above is prepared to act as chair of the assessment committee.

The (co)supervisors and the proposed chair of the assessment committee furthermore propose to appoint as members of the Assessment Committee:

¹ Strikethrough what is not applicable.

² Article 11 and Article 15 section 2.

³ Article 16 section 1.

⁴ Article 16 section 2.

⁵ Article 16 section 3, 4 and 5.

Name:
Personal Title:
Title of the Chair/Position:
Affiliation:
Phone:
Email address:
Name:
Personal Title:
Title of the Chair/Position:
Affiliation:
Phone:
Email address:
Name:
Personal Title:
Title of the Chair/Position:
Affiliation:
Phone:
Email address:
Name:
Personal Title:
Title of the Chair/Position:
Affiliation:
Phone:
Email address:
If double/ joint doctorate:
If double/joint doctorate: Name:
If double/ joint doctorate: Name: Personal Title:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation: Phone:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation: Phone:
If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation: Phone:

The (co)supervisors and the proposed chair of the assessment committee confirm that the persons mentioned above are prepared to act as members of the assessment committee.

I agree

The (co)supervisors also confirm that the PhD candidate is informed and that the composition of the assessment committee as proposed meets the criteria and restrictions as mentioned in the Doctoral Regulations⁶, including that a co-author of one or more scientific treatises forming part of the thesis cannot be a member of the Assessment Committee.

l agree		
Signature(s) of other (co)supervisor(s):		
1.:	Date:	
2.:	Date:	
If applicable 3:	Date:	
If applicable 4	Date:	
Name Principal Supervisor:	Signature:	Date:
Upon approval:		
Dean of Faculty:		
Signature for approval:	Date:	

Article 9 section 4, and Article 16 sections 3-5, and sections 7-9.