

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 (as stated in the passport):						
Subject:	ject: Assessment Committee doctoral thesis:						
Attachment: In case of a Joint/Double Doctorate, the signed cooperation agreement							
Dear Dean,							
=	e supervisory team assessed the doctoral thesis:						
of	. The thesis consists of a scientific treatise/a number of separate scientific						
	e concluded that the thesis meets the criteria as stated in the Doctoral Regulations ² . Therefore,						
	you to appoint a chair of an assessment committee ³ as well as the members of the assessment						
	, in accordance with the Doctoral Regulations ⁵ , in order to ask the committee whether the thesis						
can be admi	itted to the doctoral defence.						
We propose to appoint as chair and member of the Assessment Committee:							
Name:							
Personal Tit	le:						
Phone:							
Email addre	SS:						
	Chair/Position:						
lus promove							
The (co)supe	ervisors confirm that the person mentioned above is prepared to act as chair of the						
	ervisors and the proposed chair of the assessment committee furthermore propose to appoint as						
THE (CO)Supe	and the proposed chair of the assessment confinition factoring 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:		
lus promovendi:	yes	no
Name:		
Personal Title:		
Title of the Chair/Position:		
Affiliation: Phone:		
Prione: Email address:		
lus promovendi:	yes	no
L	,	
Name:		
Personal Title:		
Title of the Chair/Position:		
Affiliation: Phone:		
Email address:		
lus promovendi:	yes	no
•	J	
Name:		
Personal Title:		
Title of the Chair/Position:		
Affiliation:		
Affiliation: Phone:		
Affiliation: Phone: Email address:	ves	no
Affiliation: Phone:	yes	no
Affiliation: Phone: Email address:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name: Personal Title:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation: Phone:	yes	no
Affiliation: Phone: Email address: lus promovendi: If double/ joint doctorate: Name: Personal Title: Title of the Chair/Position: Affiliation:	yes	no

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.

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:					
у иррпсиые 3:	Dute:					
If applicable 4	Date:					
Name Principal Supervisor:	Signature:	Date:				
Upon approval:						
Dean of Faculty:	Signature	Date:				