



PhD in Science of Professions -

MAIN SUPERVISOR'S PROPOSAL FOR EVALUATION COMMITTEE FOR PHD DISSERTATION

The proposal for the assessment committee must comply with [§ 14 of the PhD Regulations at Nord University](#)

1. a) Candidate and proposer

Candidate's name:	
Main supervisor's name:	

b) The dissertation

(Working) Title:	
Summary (Maximum 3000 characters excluding spaces – approximately one page):	

2. Proposed members of the Assessment committee

(All have been contacted and have agreed to undertake the assignment):

First opponent:	Name and title:
	Institutional affiliation:
	Email address:
	Mobile number:
Postal address (for delivery of the dissertation):	
Second opponent:	Name and title:
	Institutional affiliation:
	Email address:
	Mobile number:
Postal address (for delivery of the dissertation):	
Coordinator (internal):	Name and title:
	Institutional affiliation:
	Email address:
	Mobile number:

	Postal address (for delivery of the dissertation):
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3. Brief presentation of the proposed committee members.

Please include a link to their official profile on the institution's website and attach a short CV along with a list of scientific publications from the past three years. It is important to include information's on the year of the PhD defence, title of dissertation, experience in assessing PhD dissertations and experience in supervising PhD candidates

First opponent:	
Second opponent:	
Coordinator:	

4. Justification for the proposed assessment committee.

Explain and justify the composition of the committee, and demonstrate how the members individually and collectively cover the academic field of the doctoral work:

Justifikasjon:	
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5. If the proposed composition of the assessment committee deviates from the criteria in [§14 of the PhD regulations](#), please provide a justification:

Justification:	
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To the best of our knowledge, the above proposal complies with current rules on impartiality and recognized academic practice (a formal declaration of impartiality will be obtained by the administration).

Date:

Signature:

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