



Proposal for composition of the Doctorate Committee

This form must be **digitally completed in full** and sent to the [faculty contact person](#).

Initials:				Surname:				<input type="checkbox"/> Mr	
First name:								<input type="checkbox"/> Ms	
Address:									
Postal code:				City:			Telephone number:		
Country:				Email address:					
Supervisor(s) <i>As specified on the request for admission.</i> <i>Update details</i>	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Research Remit: (if full professor)				
	Email address:								
	Appointment/tenure end date:				Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		
	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Research Remit: (if full professor)				
	Email address:								
	Appointment/tenure end date:				Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		
Co-supervisor(s) <i>As specified on the request for admission.</i> <i>Update details</i>	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Affiliation:				
	Email address:								
	Position:		<input type="checkbox"/> Professor <input type="checkbox"/> Expert with doctorate <input type="checkbox"/> University lecturer with doctorate				<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		
	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Affiliation:				
	Email address:								
	Position:		<input type="checkbox"/> Professor <input type="checkbox"/> Expert with doctorate <input type="checkbox"/> University lecturer with doctorate				<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		
Does it concern a Joint Doctorate with another university? <i>The doctorate committee must be composed according to the requirements listed in the joint doctorate agreement</i>								<input type="checkbox"/> Yes <input type="checkbox"/> No	
The doctorate committee must be composed according to the requirements laid down in article 20, Doctorate Regulations.									
1. <i>(at least 5)</i>	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
2.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
3.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
4.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
5.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
6.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
7.	Title, full initials and surname:		Mr <input type="checkbox"/> Ms <input type="checkbox"/>		Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Email address:				Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other:						
Signature	Faculty:		Date:		Dean's signature				