



Proposal for composition of the Doctorate Committee

This form must be **digitally completed in full and sent per email** to the faculty contact person. They will then have it signed by the faculty dean (or his/her authorised officer) and send it to the Doctorate Board. (The up-to-date list of faculty contact persons may be found [here](#)).

Initials:	Surname:			<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Address:				
Postal code:	City:	Telephone number:		
Country:	Email address:			
Supervisor(s) <i>As specified on the request for admission. Update details</i>	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Research Remit: (if full professor)		
	Appointment end date: or retirement date:	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:
	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Research Remit: (if full professor)		
	Appointment end date: or retirement date:	Affiliation:		<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:
Co-supervisor(s) <i>As specified on the request for admission. Update details</i>	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Affiliation:		
	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"/>		
	Email address:	Affiliation:		
	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:
The voting members must consist of a majority of full professors, supplemented with doctorate holders.				
1. <i>(at least 5)</i>	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Title, full initials and surname:	Mr <input type="checkbox"/> Ms <input type="checkbox"/>		
	Email address:	Full professor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Affiliation:	<input type="checkbox"/> UvA <input type="checkbox"/> Other, namely:		Co-author: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Faculty:	Date:	Dean's signature:	