



# 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:				
<b>Supervisor(s)</b> <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"/>				
	Email address:					Research Remit: (if full professor)		
	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"/>				
	Email address:					Research Remit: (if full professor)		
<b>Co-supervisor(s)</b> <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"/>				
	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:	
<b>The doctorate committee must be composed according to the requirements laid down in article 20, Doctorate Regulations.</b>								
<i>(at least 5)</i> 1.	Title, full initials and surname:			Mr <input type="checkbox"/> Ms <input type="checkbox"/>				
	Email address:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		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:					Ius promovendi at UvA:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Affiliation:			<input type="checkbox"/> UvA <input type="checkbox"/> Other:		Co-author:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Signature</b>	<b>Faculty:</b>		<b>Date:</b>		<b>Dean's signature</b>			