Form 4T

ProposAL FOR THE thesis Committee

*(As required by Section 7.3.c* *of the Regulation concerning doctoral thesis defense at UVa)*

The PhD Academic Committee Program ………

chaired by Dr. ………………………………………………………..…………………..………………..………….. professor at the department ………………………………………………………………at the School of …………………………………………………

in the Academic Committee meeting (date)………………………………………………………………………………………………

has agreed to propose the following doctors to be part of the Thesis Committee:

Author: Mr./Mrs. .............................................................................................................................................

Thesis title: ..........................................................................................................................................................

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Thesis supervisor/s: .............................................................................................................................................

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FULL MEMBERS:

CHAIRMAN Full name: ……………………………………………………….……………………………………………………….

ID or Passport number: .................................................. ……………………………………………………….

e-mail: ..................................................................................................................................................................

Current position: ....................................................................................................................................................

Area of expertise: ..................................................................................................................................................

Department: ..........................................................................................................................................................

University or Research Institution: .....................................................................................................................

Is he a professor of the PhD Program? Yes □No □

SECRETARY Full name: ……………………………………………………….……………………………………………………….

ID or Passport number: .................................................... ……………………………………………………….

e-mail: ..................................................................................................................................................................

Current position: ....................................................................................................................................................

Area of expertise: ..................................................................................................................................................

Department: ..........................................................................................................................................................

University or Research Institution: .....................................................................................................................

Is he a professor of the PhD Program? Yes □No □

MEMBER Full name: ……………………………………………………….……………………………………………………….

ID or Passport number: .................................................... ……………………………………………………….

e-mail: ..................................................................................................................................................................

Current position: ....................................................................................................................................................

Area of expertise: ..................................................................................................................................................

Department: ..........................................................................................................................................................

University or Research Institution: .....................................................................................................................

Is he a professor of the PhD Program? Yes □No □

SUBSTITUTE MEMBERS:

Full name: ………………………………………………………. ID or Passport number: .................................................... e-mail: ..................................................................................................................................................................

Current position: ....................................................................................................................................................

Area of expertise: ..................................................................................................................................................

Department: ..........................................................................................................................................................

University or Research Institution: .....................................................................................................................

Is he a professor of the PhD Program? Yes □No □

Full name: ………………………………………………………. ID or Passport number: .................................................... e-mail: ..................................................................................................................................................................

Current position: ....................................................................................................................................................

Area of expertise: ..................................................................................................................................................

Department: ..........................................................................................................................................................

University or Research Institution: .....................................................................................................................

Is he a professor of the PhD Program? Yes □No □

Very important: Attach Suitability report for each expert proposed (Forms 5T1 o 5T2).

# Place and date: ..................................................................

The Chairman of the Academic Committee

Signature:

The presence of non-academic doctors in the proposed Thesis Committee must be justified (health institutions are not considered university).

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Note: Participation in the Thesis Committee is not allowed to (Article 6.6 of the Regulation concerning doctoral thesis defense at Uva): a) The supervisors of the thesis, except for those presented within the framework of co-supervision agreements with foreign universities only if the thesis is going to be defended at the other university; b) The experts who have issued the Assessment reports collected by the Academic Committee of the PhD Program; c) The co-authors of the contribution referred to in the article 3.2 (for theses in the ordinary modality) and; d) The co-authors of the publications referred to in article 4.1 (for theses by compilation of publications).

TO THE CHAIRMAN OF THE PhD BOARD OF THE UNIVERSIDAD DE VALLADOLID