**Please fill out the form electronically**

**The student should check that the form is correctly completed.**

**Doctoral student**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename | Surname | | Present degree |
| Telephone | Email | | UEF student number |
| Department or school | | Date, time, campus, and auditorium of the public examination | |
| Name of the thesis | | | |

**Proposal for opponent**

|  |  |
| --- | --- |
| Name | Official title |
| Place of work (give also the department, school or unit), its city and country | |
| Email | |

**Proposal for custos**

|  |  |
| --- | --- |
| Name | Official title |
| Place of work (give also the department, school or unit) | |
| Email | |

**Proposers**

|  |  |
| --- | --- |
| Date | Person in charge of the subject or head of school/ department, signature and it’s clarification |
| Date | Main supervisor, signature and it’s clarification |

**Student**

|  |  |  |
| --- | --- | --- |
| no objections  objection (enclosure) | Date | Signature |