**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 |