

Student Records Office



Dissertation Committee

Personal Information	
Matriculation N°	
Family Name	
First Name	
Field	

Dissertation Committee Members				
PhD Advisor				
Field of Research			internal	external
2nd Committee Member				
Field of Research			internal	external
3rd Committee Member				
Field of Research			internal	external
4th Committee Member				
Field of Research			internal	external
5th Committee Member				
Field of Research			internal	external

Student's Signature	
I hereby request that the faculty and external members named under Dissertation Committee Members become official members of my Dissertation Committee.	
Date	Signature

Committee Members' Signatures	
I agree on being a member of the above-named student's Dissertation Committee.	
Date	1 st Committee Member's Signature
Date	2 nd Committee Member's Signature
Date	3 rd Committee Member's Signature
Date	4 th Committee Member's Signature
Date	5 th Committee Member's Signature

Dean's Signature	
I hereby confirm that I approve the Dissertation Committee of the above-named student.	
Date	Signature