

Working title of the Project

Name and signature of the doctoral student: (Name) (Signature)	Contact information of doctoral student: (E-Mail Address, Phone number) (Address)
Student Affiliation: Institute, Group, faculty/department/University:	
<u>Committee Members: -please indicate Chair</u> 1 st member of doctoral thesis committee (Supervisor):	(Name) (Signature)
2 nd member of doctoral thesis committee	(Name) (Signature)

3 rd member of the doctoral thesis committee	(Name) (Signature)
Beginning and planned end of the dissertation:	
Committee Meeting: (Number, Date)	
Most important comments or suggestions by the committee members:	