

Proposal for PhD expert committee

Proposal should be addressed to the Section for Student and Academic Affairs,
Faculty of Medicine and Health Sciences.

PhD candidate

Name:	Department:
E-mail	Phone:

Main supervisor

Name:	Department:
E-mail:	Phone:

Composition of committee

Name (1. opponent):	Position/degree:
Institution:	E-mail:
Brief recommendation:	

Name (2. opponent):	Position/degree:
Institution:	E-mail:
Brief recommendation:	

Name (local member & administrator):	Position:
Institution:	E-mail:
Brief recommendation:	

Gender representation

Both genders should be represented in the committee. If not, give a short explanation here:

If the criterion is not met, name minimum three people from the underrepresented gender that was approached:
Name, position, institution:

Representation from institution outside Norway

At least one member should represent an institution outside Norway. If not, give a short explanation here:

If this criterion is not met, name minimum three people from foreign institutions that was approached:
Name, position, institution:

Conflict of interest / impartiality

None of the suggested committee members have published with candidate or supervisor(s) during the doctoral period.
 There are no other conflicts of interest or partiality that would disqualify these members from the committee.

If in doubt, declarations of impartiality from the opponents must be included.

Reappointment of committee members

Has any of the suggested members been part of expert committees for other PhD-candidates from the same research group? Yes: No:
If yes, for whom and when?

Consent

The suggested members have all accepted the task: Yes: No:
If not, please give the reason why:

Tentative date for trial lecture and public defence (allow a minimum of 4 months from submission)

Suggested date for trial lecture and defence:	All suggested members of committee as well as the candidate have agreed to the proposed date: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If not, please explain:
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Signatures

Place:	Date:
Main Supervisor's Signature:	Head of Department's Signature