**APPLICATION FOR ASSESSMENT OF PHD THESIS**

(cf. section 13.1 in the Regulations for the philosophiae doctor degree (PhD) at

NTNU

**To be filled in by the PhD candidate and handed in at his/her department:**

|  |  |
| --- | --- |
| Name |  |
| Address for letters, PhD certificate, etc. |  |
| Private email address |  |
| Department |  |
| PhD programme |  |
| Title of thesis |  |
| Type of thesis (please check the relevant box) | Paper-based  Monograph |
| Main supervisor |  |
| Co-supervisor(s) |  |

* According to section 10.1 in the PhD regulations I hereby confirm that my thesis is an independent piece of academic work, and that my thesis has not previously been assessed and approved nor disapproved for the PhD degree at any other Norwegian or international university or university college.
* I am aware that once submitted a thesis cannot be withdrawn until a final decision has been reached as to whether or not it can be approved for defence of the PhD degree, cf. section 15.4 in the PhD regulations.
* The doctoral work is being submitted for assessment for the *(check the appropriate box)*

first time

second time

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Place and date Signature of candidate

**Attachments:**

* PhD thesis
* Documentation of required permissions (if relevant), cf. section 5.2 in the PhD regulations.
* Declarations from co-authors where required, cf. section 10.1 in the PhD regulations.
* Documentation that the required coursework/organized academic training is completed.

**For NTNU when considering the application**

**Confirmation of having received PhD thesis, application for assessment and attachments at the department:**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date Signature of department

**Statement from the main supervisor:**

I confirm that I am informed of the candidate’s submitting his/her PhD thesis.

I recommend the thesis for assessment.

I do not recommend the thesis for assessment.

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Date Signature of main supervisor

**Recommendation from department:**

Application accepted to have thesis assessed.

Application rejected to have thesis assessed.

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Date Signature of Head of department