



Send application
to the
department

APPLICATION FOR ASSESSMENT OF PhD THESIS

(Cf. § 10 in the Regulations concerning the philosophiae doctor degree (PhD) at NTNU)

.....
name of candidate

.....
date of birth (day/mth/yr)

.....
address

.....
e-mail

.....
applies to (Department)

to have the following PhD thesis assessed:

.....

.....
title

The thesis has not been assessed at any other Norwegian or foreign university or college.

.....
place, date

.....
signature

Encl:

- 5 copies of the draft thesis

Receipt:

Thesis received, date

.....
signature department