Dear CEU International School of Doctoral Studies Director (CEINDO),

In accordance with the provisions of the Regulatory Rules for Doctoral studies at the CEU International Doctoral School (CEINDO), I hereby submit the following proposal, with the approval of my Thesis advisor/s, and seven candidates that form part of the Tribunal who will judge my Doctoral Thesis directed by Mr./Ms.

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Specialists 1 in **alphabetical order**:

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| **PRESIDENT:** |  |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES  | NO  | Number of six-year research: |  |
| Last six-year research period: |  |
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| --- | --- |
| **SECRETARY:** |  |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES  | NO | Number of six-year research: |  |
| Last six-year research period: |  |
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| --- | --- |
| **MEMBER 1:** |  |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES  | NO | Number of six-year research: |  |
| Last six-year research period: |  |
|  |  |
| **MEMBER 2:** |  |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES  | NO | Number of six-year research: |  |
| Last six-year research period: |  |
|  |  |
| **MEMBER 3:** |  |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES | NO | Number of six-year research: |  |
| Last six-year research period: |  |
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| **PRESIDENT RESERVE MEMBER:** |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES | NO | Number of six-year research: |  |
| Last six-year research period: |  |
|  |  |
| **RESERVE MEMBER:** |
| Dr. Mr./Ms  |  |
| Academic Position: |  |
| University/Center: |  |
| Adress postal: |  |
| Telephone: |  | e-mail: |  |
| International Specialist:  | YES | NO  |  |
| Six-year research:  | YES  | NO | Number of six-year research: |  |
| Last six-year research period: |  |
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*An abridged CV is attached for each, as well as the three most recent publications on the subject.*

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| Signed Mr./ Ms. |  |

Doctoral Student

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| Approval. D./ Dª.  |  |  |  |

Thesis Advisor/s