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: |  | | | | | |
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| **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