

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 <sup>1</sup> 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: \_\_\_\_\_

<sup>1</sup> In case of opting for International Doctorate Mention, at least one of the specialists must meet the requirements indicated in article 15.1d) of RD99/2011 , and be identify as international specialists on the list.

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

<sup>1</sup> In case of opting for International Doctorate Mention, at least one of the specialists must meet the requirements indicated in article 15.1d) of RD99/2011 , and be identify as international specialists on the list.

**PRESIDENT RESERVE MEMBER:**

Dr. Mr./Ms \_\_\_\_\_  
 Academic Position: \_\_\_\_\_  
 University/Center: \_\_\_\_\_  
 Address 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: \_\_\_\_\_  
 Address postal: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 International Specialist: YES NO  
 Six-year research: YES NO Number of six-year research: \_\_\_\_\_  
 Last six-year research period: \_\_\_\_\_

In \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_

*An abridged CV is attached for each, as well as the three most recent publications on the subject.*

Signed Mr./ Ms. \_\_\_\_\_  
 Doctoral Student

Approval. D./ D<sup>a</sup>. \_\_\_\_\_  
 Thesis Advisor/s

<sup>1</sup> In case of opting for International Doctorate Mention, at least one of the specialists must meet the requirements indicated in article 15.1d) of RD99/2011, and be identify as international specialists on the list.