



Thesis Advisory Committee Registration Form

Candidate name:						
Thesis Director:						
Thesis title:						
Composition of Ac	dvisory Committee*					_
Title	Last name	First name	Institution	Country	Email	Function in the committee
	PhD candidate		Thesis Director		Doctoral School Coordinator	
Date						
Signature						

^{*}Regulations: The committee must be composed of at least 3 members, all members must hold a PhD, at least 2 internals, at least 1 external. Please return the form to the Doctoral School Academic coordinator, Dr. Sarah Miéville (ds.biology@unine.ch)