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| **THESIS DEFESE INFORMATION** | | | |
| Doctoral student: | | | |
| Supervisor: | | | |
| Co-Supervisor: | | | |
| Date of approval in Collegiate meeting: | | | |
| Date of defense: | | Date of defense: | |
| Location: | | | |
| Supervisor | Title (as in lattes): | | President |
| Prof. |  | |  |
|  | | | |
| Thesis’ rapporteur | Title (as in lattes): | | Institution/rapporteur |
| Prof. |  | |  |
| Videoconference: ( ) Yes ( ) No |  | |  |
| E-mail: | | | |
| Flight tickets: ( ) Yes ( ) No | Date of departure/time | | Date of return/time |
| Airline: | | | |
| Airport: |  | |  |
| *Hotel reservation is responsibility of the participant. The costs will be paid by check on the day of the defense.* | | | |
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| Examiner | Title (as in lattes): | | Institution/member |
| Prof. |  | |  |
|  | | | |
| Examiner | Title (as in lattes): | | Institution/member |
| Prof. |  | |  |
|  | | | |
| Examiner | Title (as in lattes): | | Institution/member |
| Prof. |  | |  |

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| Title: |
| Abstract: |
| Keywords: |