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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. |  |  |
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| Examiner | Title (as in lattes): | Institution/member |
| Prof. |  |  |
|  |
| Examiner | Title (as in lattes): | Institution/member |
| Prof. |  |  |

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