



**APPLICATION FOR ASSESSMENT OF PhD THESIS**

(Cf. § 10 in the Regulations concerning the philosophiae doctor degree (PhD) at NTNU)

.....  
Name of candidate

.....  
Date of birth (day/mth/yr)

applies to (Department)

to have the following PhD thesis assessed (title):

*Received at the department (date /signature):*.....

.....  
Date

.....  
Signature of candidate

Recommended/Not recommended by main supervisor:

.....  
Date

.....  
Signature of main supervisor

Application accepted/rejected:

.....  
Date

.....  
Signature of Head of Department

- Enclosures:  
1 copy of the draft thesis  
Transcript of grades in the PhD degree

This form is part of the proposal to the evaluation committee.