**NTNU**
**Norwegian University of**
**Science and Technology**

# ACCEPTANCE TO SERVE ON THE EVALUATION COMMITTEE FOR DOCTORAL DEGREES

Personal data:

_____ _____
Family name First name Date of birth

_____
Address in home country

_____ _____
Postcode/place City

The evaluation is for:

_____
Student (name)

_____
Title of thesis

_____

Date of the public defence: _____

Travel and accommodation expenses will be refunded as agreed with the administrator of the evaluation committee. Payment should be transferred to:

Name of bank:_____ Account no: _____

Address:_____City_____Country_____

Bank code or swift code: _____

**I have not published or worked together with the candidate. I am not aware of any other relationship or circumstances that make me ineligible to evaluate this candidate in accordance with § 6 of the Administration Act. (attached).**

_____
Place/date

_____
Member's signature

**You will normally be exempted from paying tax in Norway if**
1. **the major part of the work takes place outside Norway (as in this case),**
2. **you have no other income from Norway this year**

*After you have signed this form, please return it to the administrator of the committee.*