



**SEND APPLICATION TO
THE DEPARTMENT**

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.