# Request for nomination of the

# Thesis Supervisory Committee (CET)

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| Relevant regulations: |
| The Thesis Supervisory Committee (*comité d’encadrement de thèse*, hereafter “CET”) meets at least once a year to assess the progress of the doctoral candidate’s work (see The Chronology of CET meetings).  **Composition:**   * The CET is composed of 3 members:   1. The primary academic supervisor (Luxembourg)   2. Member from the University of Luxembourg   3. Member from the University of Luxembourg or another establishment * In the event of joint supervision, the total number of CET members is 4, including the two co-supervisors.   **Eligibility**   * All members must hold a doctoral degree. |
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# Candidate information

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| --- | --- | --- |
| **Student ID Number:** | <Pre-filled> | |
| **Name of the PhD Candidate:** | <Pre-filled: LAST NAME, First Name> | |
| **Doctoral School:** | <Pre-filled> | |
| **Doctoral Programme:** | <Pre-filled> | **Select to change.** |
| **Date of PhD Initial Enrolment:** | <Pre-filled> | |

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| --- | --- | --- |
| **Co-supervision** | <Pre-filled: YES/NO> | **Select to change.** |

# Primary supervisor(s) (Luxembourg) – Committee member A

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| --- | --- |
| **Primary PhD Supervisor:** | <Pre-filled: LAST NAME, First Name> |
| **Additional PhD Supervisor(s):** | <Pre-filled: LAST NAME, First Name> |

# Committee member B – UL member

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |

# Committee member C – External/Internal

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| --- | --- |
| **External or Internal** | <SELECT ONE> |
| **First Name** |  |
| **Last Name** |  |
| **Title**  *Ex. Dr, Prof. Dr, A-Prof.Dr, Prof.Dr-Ing, A-Prof Dr-Ing* | <DROPBOX> |
| **Current Institution** |  |
| **Number and Street**  *Place of employment* |  |
| **City** |  |
| **Postal Code** |  |
| **Country** | <DROPBOX> |
| **Email** |  |
| **Telephone Number**  *Please include country code* |  |
| **PhD Awarding Institution** |  |

# Committee member D – *RESTRICTED CASES ONLY (or in case of a co-supervisor (co-tutelle))*

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| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Title**  *Ex. Dr, Prof. Dr, A-Prof.Dr, Prof.Dr-Ing, A-Prof Dr-Ing* |  |
| **Current Institution** |  |
| **Number and Street**  *Place of employment* |  |
| **City** |  |
| **Postal Code** |  |
| **Country** |  |
| **Email** |  |
| **Telephone Number**  *Please include country code* |  |
| **PhD Awarding Institution** |  |