## Anmälan till licentiatseminarium

## Notification for public defence of licentiate thesis

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| Namn/name | | | | | Personnummer/civic registration number | | | |
|  | | | | |  | | | |
| Adress/Address | | | | | E-mail address | | | |
|  | | | | |  | | | |
| Forskarutbildningsämne/third-cycle subject | | | | | | | Examen/degree  Tekn lic  Fil lic | |
|  | | | | | | |
| Huvudhandledare/main supervisor | | | | Biträdande handledare/co-supervisor(s) | | | | |
|  | | | |  | | | | |
| Avhandlingens titel/thesis title | | | | | | | | |
|  | | | | | | | | |
| Licentiatseminariet planeras att äga rum/The licentiate thesis defence is planned to take place | | | | | | | | |
| Datum/date | Tid/time | Plats (bokad sal)/location (booked room) | | | | |  | |
|  |  |  | | | | |  | |
| Distributionslista har upprättats och skickats till tryckeriet.  Distribution list has been sent to the print shop. | | | | | Upplaga/no. copies | | Datum tryckning/print date | |
|  | |  | |
| Slutlig individuell studieplan har fastställts av rådet för utbildning på forskarnivå.  Final individual study plan has been approved by the council for third-cycle education. | | | | | | | | |
| Ifylls av huvudhandledaren/To be filled out by main supervisor | | | | | | | | |
| Jag bedömer att doktoranden har uppnått lärandemålen för licentiatexamen enligt  Högskoleförordningen och tillstyrker därmed anmälan om licentiatseminarium. Om nej, ange motivering i bilaga. I assess that the doctoral student has achieved the learning objectives for the licentiate degree according to the Higher Education Ordinance and thereby endorse the notification for public defence of licentiate thesis. If no, state the justification in an appendix. | | | | | | | | Ja  Nej |
| Föreslagen examinator/Proposed examiner | | | | | | | | |
| Titel/title | Namn/name | | E-mail address | | | | Arbetsgivare/employer | |
|  |  | |  | | | |  | |
| Underskrifter/signatures Med underskrift intygas att angivna uppgifter är korrekta.  The signature certifies that the information provided is correct. | | | | | | | | |
| Datum/date | Doktorandens underskrift/student signature | | | | | Digital sign. | Namnförtydl./print name | |
|  |  | | | | | |  | |
| Datum/date | Huvudhandledarens underskrift/supervisor sign. | | | | | Digital sign. | Namnförtydl./print name | |
|  |  | | | | | |  | |
| Härmed tillstyrks anmälan. The notification is hereby approved.  Om prefekten är handledare till doktoranden ska proprefekt signera. If the head of department is the doctoral student's main supervisor, the assistant head of department must sign. | | | | | | | | |
| Datum/date | Prefekts underskrift/Head of department sign. | | | | | Digital sign. | Namnförtydl./print name | |
|  |  | | | | | |  | |