

CHANGE FORM

Use this form to propose changes to the decision of the College of Deans in accordance with article 8 and 9 of the Doctorate Regulations VU



TO BE SUBMITTED TO FACULTY CONTACT PERSON:

Part 1: to be signed by the doctoral candidate

Please fill in the name of the doctoral candidate and, furthermore, only fill in the proposed changes.

The undersigned,

Surname, initials		M / V	
Personal email address			
Work email address			
Postal address			
Postal code, town/city			
Personal telephone number		Work tel. number	
Place and country of birth		Date of birth	
Status ¹			
Nationality			
Dissertation (working) title			
Starting date/End date			
Date		Signature	

¹Please, specify your PhD position, e.g. employed doctoral candidate, trainee research assistant, PhD candidate on a scholarship, external PhD candidate, other.

Part 2: to be signed by the Supervisor(s)
Please, only fill in the proposed changes

The undersigned,

Surname, initials, title
1st Promotor

Appointment

Full Professor/Associate Professor/Assistant Professor

Chair or Field of expertise¹

Surname, initials, title
2nd Promotor

Appointment

Full Professor/Associate Professor/Assistant Professor

Chair or Field of expertise¹

declare(s) to be willing to act as Supervisor(s):

Signature(s)

1.

2.

Date:

¹ Please specify the name of the chair or, in case it concerns an Associate professor or Assistant professor, specify the field of expertise.

Part 3: to be signed by the Dean

The Dean of

confirms that the applicant complies with the admission conditions of Article 8 of the VU Doctorate Regulations and advises the College of Deans to appoint the following persons:

1. Supervisor	
2. Supervisor / Co-supervisor ¹	
3. Supervisor / Co-supervisor ¹	
4. Co-supervisor	

and to give responsibility for the doctoral procedure to the Dean of abovementioned Faculty.

Date

Name of Dean

Signature

Joint Doctoral Supervision

If this application concerns a Joint Doctoral Supervision as referred to in Article 34 or 35 of the VU Doctorate Regulations, a copy of the *Joint doctoral supervision agreement* should be sent to the Beadle's Office.

Name of Partner University

Defence takes place at

Signed agreement attached

¹ delete as appropriate

Please, fill in the proposed changes only

Supervisor details

Surname, initials, title	<input type="text"/>	M / F
Employed at	<input type="text"/>	
Email address	<input type="text"/>	
Postal code, town/city	<input type="text"/>	
Work tel. no.	<input type="text"/>	Personal tel. <input type="text"/>

Supervisor/co-supervisor details¹

Surname, initials, title	<input type="text"/>	M / F
Employed at	<input type="text"/>	
Email address	<input type="text"/>	
Postal code, town/city	<input type="text"/>	
Work tel. no.	<input type="text"/>	Personal tel. <input type="text"/>

Supervisor/co-supervisor details¹

Surname, initials, title	<input type="text"/>	M / F
Employed at	<input type="text"/>	
Email address	<input type="text"/>	
Postal code, town/city	<input type="text"/>	
Work tel. no.	<input type="text"/>	Personal tel. <input type="text"/>

Co-supervisor details

Surname, initials, title	<input type="text"/>	M / F
Employed at	<input type="text"/>	
Email address	<input type="text"/>	
Postal code, town/city	<input type="text"/>	
Work tel. no.	<input type="text"/>	Personal tel. <input type="text"/>

¹ delete as appropriate