



Proposal for the Composition of the Doctoral Examination Commission

for submission to the Academic Office at the University of Hamburg

The following persons are members of the doctoral examination commission of

Name of the applicant

Proposal (*The proposal is only binding once it has been signed by the commission members*):

Chairperson

Surname, first name, title : _____

Address : _____

E-mail address : _____

Phone/fax : _____

Faculty/department : _____

Signature : _____

1st Dissertation Reviewer (Supervisor)

Surname, first name, title : _____

Address : _____

E-mail address : _____

Phone/fax : _____

Faculty/department : _____

Signature : _____

2nd Dissertation Reviewer (Co-Supervisor)

Surname, first name, title : _____

Address : _____

E-mail address : _____

Phone/fax : _____

Faculty/department : _____

Signature : _____

1st Disputation Reviewer

Surname, first name, title : _____

Address : _____

E-mail address : _____

Phone/fax : _____

Faculty/department : _____

Signature : _____

2nd Disputation Reviewer

Surname, first name, title : _____

Address : _____

E-mail address : _____

Phone/fax : _____

Faculty/department : _____

Signature : _____

Hamburg, the _____

Signature of applicant

This declaration must be submitted via e-mail:
If you have any questions please contact: Promotion.PB@uni-hamburg.de