



# UNIVERSITETET I BERGEN

*Faculty of Medicine*

## Application to submit a doctoral thesis and committee proposal form

The form should be signed by supervisor and Head of department, and submitted to the faculty, accompanied by the thesis (1 pdf-file on USB or CD), statement on multi-authorship and if necessary, statements on the legal competence of the committee members and agreements on the division of financial and academic credit.

### PART 1: GENERAL INFORMATION

Department	
Name of candidate	
Date of birth and ID number (11 digits)	
Candidate's home address/phone	
Candidate's e-mail address	
Current academic title (year, institution, degree (ie. cand.med., M.Sc., DDS))	
Main supervisor (name, title, e-mail, institution)	
Co-supervisor (name, title, e-mail, institution)	
Co-supervisor (name, title, e-mail, institution)	
Co-supervisor (name, title, e-mail, institution)	

### DEL 2: THE THESIS AND THE DIPLOMA

Title of the thesis			
Ethical approval by Regional Ethics Committee (REK)	<b>REK-number</b>	<b>No REK approval needed</b>	
The thesis is to be evaluated for (please tick)	<b>PhD</b>	<b>Dr.Philos.*</b>	
The training component is complete <u>and approved by the faculty</u> (please tick)	<b>Yes</b>	<b>No</b>	
Has the thesis previously been submitted and evaluated at the UiB (please tick)	<b>Yes</b>	<b>No</b>	
Has the thesis been submitted for evaluation at another institution in Norway or abroad, or will it be?	<b>Yes (where/when)</b>	<b>No</b>	
Text match check performed by the department (Ephorus/Urkund)	<b>Date:</b>		
Preferred language on the Diploma (please tick)	Norwegian (Bokmål)	Norwegian (Nynorsk)	English

\*For dr.philos., additional attachments are needed, please consult the regulations: <http://regler.app.uib.no/regler/Del-2-Forskning-utdanning-og-formidling/2.1-Forskning/2.1.1-Administrasjon-av-forskerutdanning/Forskrift-for-graden-doctor-philosophiae-ved-Universitetet-i-Bergen> (Norwegian only)

**PART 3: EVALUATION COMMITTEE (PROPOSAL FROM THE DEPARTMENT)**

1 <sup>st</sup> OPPONENT	2 <sup>nd</sup> OPPONENT	3 <sup>rd</sup> MEMBER/LEADER OF THE COMMITTEE
Name and postal address	Name and postal address	Name and postal address
Male      Female	Male      Female	Male      Female
Academic degree/title:	Academic degree/title:	Academic degree/title:
University position (or other position) and institution	University position (or other position) and institution	University position (or other position) and institution
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

**All the proposed committee members have agreed to be part of the evaluation committee and their legal competence has been considered.** The legal competence of the committee members should be considered in accordance with the Public Administration Act §§ 6-10. In addition, the members should normally not have cooperated on publications or have joint publications with each other or the candidate/supervisor over the last five years. If any doubts regarding legal competence could be raised, please attach a separate statement regarding the legal competence. The committee should normally have both male and female members, preferably by choosing one male and one female opponent. If this was not possible, please attach an explanation on a separate sheet of paper.

X

\_\_\_\_\_  
Supervisor (signature and date)

The Head of Department hereby recommends this thesis for evaluation, and verifies that the proposed evaluation committee and any enclosed additional information concerning their legal competence and/or the composition of the committee has been considered.

X

\_\_\_\_\_  
Head of Department (signature and date)

**Please note**

The form must be signed by all parties before submitting it to the faculty. The form and its attachments can be posted (PB 7804, 5020 BERGEN) or sent by internal mail (Det medisinske fakultet, dokumentserveret).