

Request for co-examiners D-USYS

Please fill in electronically!

The supervisor has to submit the original signed form for approval to the „Sekretariat D-USYS“

PhD student:

Name, Surname, Student Number

Supervisor:**Date, Signature:**

Title, Name, Surname, Institute

Provisional Title:**Co-examiners:**☐

Title, Name, Surname, Department, ETH Institute/University/Company, e-mail address

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Title, Name, Surname, Department, ETH Institute/University/Company, e-mail address

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Title, Name, Surname, Department, ETH Institute/University/Company, e-mail address

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Title, Name, Surname, Department, ETH Institute/University/Company, e-mail address

Important: Please mark the independent co-examiner(s) with a 

At least one co-examiner (as mentioned in the Ordinance on Doctoral Studies (Art. 26 d.)) should not be from own group and not be a co-author with the candidate on papers or manuscripts up to the point of the PhD defense. Please make sure the e-mail addresses are complete.

Approval of the department (Head doctoral board):_____
Date_____
Signature