**Phd Advisory Committee**

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| a) PhD Student | |
| Name, first name:  Research Group:  E-mail: |  |

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| b) Members of the thesis committee | |
| Name, first name:  University, Department:  First Supervisor:  Signature: |  |
| Name, first name:  University, Department:  Second Supervisor:  Signature: |  |
| Name, first name:  University, Department:  Third Supervisor:  Signature: |  |
| Name, first name:  University, Department:  Additional Supervisor:  Signature: |  |

|  |  |
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| Date: |  |

Please send the filled and signed form by email to the PhD Student Office:

[phd-biozentrum@unibas.ch](mailto:phd-biozentrum@unibas.ch)

22.06.2022/ak