**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: |                 |
| Name, first name: University, Department: Second Supervisor: |                      |
| Name, first name: University, Department:Third Supervisor:  |                 |
| Name, first name: University, Department:Additional Supervisor: |                 |

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| Date:       |       |

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

phd-biozentrum@unibas.ch

15.07.2023/ak