

## Composition of Doctoral Committee

Fill in the form completely and carefully because the data will be copied in all letters and will be used for the (online) defence.

HOMM			
I, the undersigned			

Full name corresponding promotor:					
propose on behalf of all the (co)promotors appointed by the Board for Doctorates					
Names of the other promotor(s) and/or copromotor(s) (exactly the same as filled in on Form A):					
that in accordance with Article 12 of the	he Doctoral Regulations, the following persons are appointed as members of the Doctoral C	`ommittee	of		
Full name doctoral candidate:	The Doctoral Regulations, the following persons are appointed as members of the Doctoral C	Ommittee	Oi		
Whose provisional defence date is:					
INDEPENDENT MEMBERS —					
First independent member:	Online participation:	Yes	No		
All titles, initials and name:	Prof.				
(Mobile) phone number:					
Email address:					
University / company (country):	TU Delft				
lus promovendi (Article 12.5)	Yes (required)				
Second independent member:	Online participation:	Yes	No		
All titles, initials and name:					
(Mobile) phone number:					
Email address:					
University / company (country):	VGa (rassuirad)				
lus promovendi (Article 12.5)	Yes (required)				
Third independent member:	Online participation:	Yes	No		
All titles, initials and name:					
(Mobile) phone number:					
Email address:					
University / company (country):					
lus promovendi (Article 12.5)	Yes (required)				
Fourth indopondent mamban		Vec	Ne		
Fourth independent member:	Online participation:	Yes	No		
All titles, initials and name:  (Mobile) phone number:					
Email address:					
University / company (country):					
lus promovendi (Article 12.5)	You No				

t optional member:			Online participati	on: Yes
Independent:	Yes	No		
All titles, initials and name:				
(Mobile) phone number:				
Email address:				
University / company (country):				
1: (A :: 1 40 5)		NI-		
lus promovendi (Article 12.5)	Yes	No	Online participat	on: Yes
ond optional member:			Online participat	on: Yes
ond optional member:  Independent:	Yes	No	Online participat	on: Yes
ond optional member:			Online participat	on: Yes
cond optional member:			Online participat	on: Yes
ond optional member:  Independent:  All titles, initials and name:			Online participati	on: Yes
Independent:  All titles, initials and name:  (Mobile) phone number:			Online participati	on: Yes

IANDATORY IF the doctoral committee includes only one independent U Delft professor (DR Article 12.7):		Online participation:	Yes	No	
Involved in doctoral candidate's research:	Yes	No			
All titles, initials and name:	Prof.				
(Mobile) phone number:					
Email address:					
University / company (country)	TU Delft				

Date:	Signature:

Please notify the Graduate School of any changes by email as soon as possible!

 $\textit{Please fill in this form and email it to the } \underline{\textit{Graduate School Office}} \ \text{as you cannot upload the form in DMA yourself.}$ 

Volgnummer:	Datum Form C ontvangen:	Paraaf aanmelding UGS:	Opmerkingen UGS:	Paraaf akkoord namens CvP: