



## Doctoral Viva Voce Membership Consent

Family Name .....

First Name .....

Scientific Rank .....

Speciality .....

Degree .....

Department .....

Faculty .....

University .....

Telephone .....

Email .....

### Consent to be Member of a Doctoral Viva Voce

Student's Name .....

Thesis Title .....

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Supervisor .....

Consent or Refusal

Yes

No

Date ..... / ..... / .....

Signature .....