

FORM 4.5 STATEMENT FROM THE EVALUATION COMMITTEE The Doctor Philosophiae (Dr. Philos.) Degree

**To be filled in electronically. Complete and sign the statement immediately after the public defence.   
Submit the original statement to the doctoral degree contact person at the faculty.**

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| **1.** | **Dr. Philos. candidate:** | Full name of the candidate | | | | | | |
| **2.** | **Evaluation committee:** | Member 1 (Full name, academic title, place of employment, country)  Member 2 (Full name, academic title, place of employment, country)  Member 3 (Full name, academic title, place of employment, country) | | | | | | |
| **3.** | **Thesis** | | | | | | | |
| Norwegian title: |  | | | | | | |
| English title: |  | | | | | | |
| Evaluation of thesis: | Approved: | | |  | | Not approved: |  |
| (Evaluation of thesis can be found in previously submitted FORM 4.4 “Assessment of the thesis…”) | | | | | | | |
|  | | | | | | | |
| **5.** | **Trial lecture on self-chosen subject** | | | | | | | |
| Norwegian title: |  | | | | | | |
| English title: |  | | | | | | |
| Date: |  | | | | | | |
|  | Evaluation of trial lecture: | Approved: | | |  | Not approved: | |  |
| Comments on the content and the performance: | | | | | | | |
| Write here | | | | | | | |
| **6.** | **Trial lecture on prescribed subject** | | | | | | | |
| Norwegian title: |  | | | | | | |
| English title: |  | | | | | | |
| Date: |  | | | | | | |
| Evaluation of trial lecture: | Approved: | | |  | Not approved: | |  |
| Comments on the content and the performance: | | | | | | | |
| Write here | | | | | | | |
| **7.** | **Public defence of the thesis – Disputation** | | | | | | | |
| Evaluation of the public defence: | | | Approved: |  | Not approved: | |  |
| (Comments): | | | | | | | |
| Write here | | | | | | | |
| **8.** | **Conclusion** | | | | | | | |
| **The Evaluation Committee approves the thesis, the trial lectures and the defence of the thesis and recommends that:** | | **Full name of candidate** | | | **will be awarded the degree doctor philosophiae  (Dr.philos.)** | | |
| **Place: Date:**  **Signatures:**  ***(Please use a blue pen.)*** | | | | | | | |