**EXTERNAL EVALUATORS**

UPF Correu

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| Doctoral student: | |
| Title of the Doctoral Thesis: | |
| Doctoral Programme: **Political and Social Sciences** | Deposit date: |
| Supervisor 1:  University: | NATIONAL ID NO.:  E-mail: |
| Supervisor 2:  University: | NATIONAL ID NO.:  E-mail: |

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| Joint Supervision ***(Cotutela)*** : Yes  **Not** |  | Videoconference: Yes  **Not** |

**PROPOSED DOCTORAL THESIS EXTERNAL EVALUATORS \***

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|  | **Name and surname(s)** | **University** |
| **Evaluator 1** |  |  |
| **Evaluator 2** |  |  |
| **PROPOSED SUBSTITUTE DOCTORAL THESIS EXTERNAL EVALUATORS \*** | | |
| **Substitute 1** |  |  |
| **Substitute 2** |  |  |
| **Substitute 3** |  |  |

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| *(date)* | *Signature(s) of the doctoral thesis supervisor(s)* |

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| Academic committee approval: |
| *(date)* |

\*Attached: Suitability reports on the 2 proposed evaluators and 3 proposed substitute evaluators

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| PROPOSAL FOR EXTERNAL EVALUATOR 1 | | | |
| Dr.: | | National ID /passport no.: | |
| Doctor from the University: | | Year: |  |
| University/Research Centre: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | E-mail: | |
| Contact telephone: |  | Contact fax number: | |

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| **SUITABILITY REPORT** |
| * **Explanation of the research done in the subject area of the thesis (preferably in the last 5 years) justifying knowledge of the subject and accrediting the doctor proposed as an external evaluator.** * **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed external evaluator.** |

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| PROPOSAL FOR EXTERNAL EVALUATOR 2 | | | |
| Dr.: | | National ID /passport no.: | |
| Doctor from the University: | | Year: |  |
| University/Research Centre: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | E-mail: | |
| Contact telephone: |  | Contact fax number: | |

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| **SUITABILITY REPORT** |
| * **Explanation of the research done in the subject area of the thesis (preferably in the last 5 years) justifying knowledge of the subject and accrediting the doctor proposed as an external evaluator.** * **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed external evaluator.** |

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| PROPOSAL FOR EXTERNAL EVALUATOR 3 | | | |
| Dr.: | | National ID /passport no.: | |
| Doctor from the University: | | Year: |  |
| University/Research Centre: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | E-mail: | |
| Contact telephone: |  | Contact fax number: | |

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| **SUITABILITY REPORT** |
| * **Explanation of the research done in the subject area of the thesis (preferably in the last 5 years) justifying knowledge of the subject and accrediting the doctor proposed as an external evaluator.** * **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed external evaluator.** |

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| PROPOSAL FOR EXTERNAL EVALUATOR 4 | | | |
| Dr.: | | National ID /passport no.: | |
| Doctor from the University: | | Year: |  |
| University/Research Centre: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | E-mail: | |
| Contact telephone: |  | Contact fax number: | |

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| **SUITABILITY REPORT** |
| * **Explanation of the research done in the subject area of the thesis (preferably in the last 5 years) justifying knowledge of the subject and accrediting the doctor proposed as an external evaluator.** * **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed external evaluator.** |

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| PROPOSAL FOR EXTERNAL EVALUATOR 5 | | | |
| Dr.: | | National ID /passport no.: | |
| Doctor from the University: | | Year: |  |
| University/Research Centre: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | E-mail: | |
| Contact telephone: |  | Contact fax number: | |