**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 |
| **1st Supervisor:**Name, First name: University, Department:  |                      |
| **2nd Supervisor:**Name, First name: University, Department:  |                      |
| **3rd Supervisor:** Name, First name: University, Department: |                 |
| **Additional Supervisor:**Name, First name: University, Department: |                 |

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| Date:       |       |

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

phd-biozentrum@unibas.ch

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