**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](mailto:phd-biozentrum@unibas.ch)

29.07.2024/ak