This form is to be sent to the Faculty Office, HS 39, no later than 5 weeks before the seminar.

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| --- | --- | --- |
| Surname of the respondent | | First name of the respondent |
| Personal identity number | Department or division | |
| Subject (and specialization, if applicable) | | |
| All other supervisors (name, title, dept., e-mail) | | |
| Thesis title | | |
| Thesis credits (in hp) | | |
| The thesis is available for scrutiny at (location) | | |
| Date and time for the seminar  Kl. | Venue (room and address) | |
| Chairman at the seminar 1 (name, title, dept., e-mail) | | |
| Opponent (name, title, dept., e-mail) | | |
| Examiner 2 (name, title, dept., e-mail) | | |
| Date | Signature by Department representative (IR) | |

The licentiate seminar, as stated above, is approved

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Date Signature (vice dean) Clarification of signature

1. The chairman is normally a teacher in the discipline 2. The examiner is normally the department representative

Title refers to professional title; such as professor, docent etc.