

FORM 4.5a Statement from evaluation committee for the trial lecture

**This form is to be used when the trial lecture is held on a different date than the public defence.**

**Complete the form digitally.**

**Please sign the statement after the trial lecture and deliver to the PhD coordinator at the Faculty.**

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| **1.** | **PhD candidate:** | Full name |
| **2.**  | **Main supervisor:** | Full name |
| **3.** | **Date of trial lecture:** | dd.mm.yyyy |
| **4.** | **Internal committee:** | Member 1 (Name, title, affiliation)Member 2 (Name, title, affiliation)Member 3 (Name, title, affiliation) |
| **5.** | **Evaluation of the trial lecture:** |
| **Norwegian title of trial lecture:** |  |
| **English title of trial lecture:** |  |
| **The trial lecture is:** | **Passed:** | **Not passed:** |
| **Comments on the content and the performance:** | Write here |
| **6.**  | **Conclusion: The Evaluation Committee approves the trial lecture.** |
| **Place: Date:****Signatures: *(Please use a blue pen)*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member 1)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member 2)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Member 3)* |