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|  | Registration number |

 **1. To be completed by main supervisor**

**Proposed examining committee**

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| --- | --- |
| Name      | Title      |
| University or college      | E-mail address      |

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| --- | --- |
| Name      | Title      |
| University or college      | E-mail address      |

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| --- | --- |
| Name      | Title      |
| University or college      | E-mail address      |

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| --- | --- |
| Name      | Title      |
| University or college      | E-mail address      |

**Initial statement regarding**

|  |
| --- |
| Title of dissertation      |
| Name of doctoral student      | Date of public defence      |
| Total number of component studies      |
| Number of component studies published or accepted for publication      |
| Number of component studies in manuscript form      |

**2. To be completed by the chairperson of the proposed examining committee**

## Summary opinion and reasons for the position taken regarding a public defence (200–300 words)

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| --- |
|        |

## Other views (e.g. those that can be considered in the dissertation or at the public defence)

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|      |

**Does a conflict of interest exist?**

|  |
| --- |
| [ ]  Yes[ ]  NoIf yes, why?       |

**The proposed examining committee recommends**

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| --- |
| [ ]  Public defence[ ]  **No** public defence |

**I hereby certify that all the members of the proposed examining committee have read and support the above initial statement** [ ] .

**Signature of the chairperson of the proposed examining committee**

|  |  |
| --- | --- |
| Surname      | Given names      |
| Signature/ | Date      |

**Send the initial statement to:**

The Research School of Health and Welfare

School of Health and Welfare

Box 1026

551 11 Jönköping

Sweden

The initial statement should also be sent by e-mail to the main supervisor and the Research Coordinator.