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UNIVERSITY OF ZADAR

Postgraduate doctoral study

EVALUATION OF THE DISSERTATION TOPIC (SYNOPSIS)

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| **GENERAL INFORMATION ON PhD STUDENT**  *(written by the President of the Expert Committee)* | | | | | | | | | | |
| Name and surname | | |  | | | | | | | |
| Identification number of the PhD student | | |  | | | | | | | |
| Name of the study | | |  | | | | | | | |
| Date of the application of the dissertation topic | | |  | | | | | | | |
| Title of the proposed dissertation topic | | a) Title in the language of the dissertation | | | |  | | | | | |
| b) Title in Croatian if it is not under a) | | | |  | | | | | |
| c) Title in English if it is not under a) or b) | | | |  | | | | | |
| Scientific area/field | | |  | | | | | | | |
| **PhD STUDENT'S CV** | | | | | | | | | |
| Education *(in chronological order, with most recent first)* | |  | | | | | | | |
| Employment and work experience | |  | | | | | | | |
| Scientific and professional work | |  | | | | | | | |
| **MENTOR/CO-MENTOR(S)** | | | | | | | | | | |
|  | | | Academic/scientific title,  name and surname | | | | Home institution, country | | | |
| Mentor | | |  | | | |  | | | |
| Co-mentor (1) | | |  | | | |  | | | |
| Co-mentor (2) | | |  | | | |  | | | |
| **EXPERT COMMITTEE FOR THE EVALUATION OF THE DISSERTATION TOPIC** | | | | | | | | | | |
|  | | | Academic/scientific title,  name and surname | | | Home institution, country | | | E-mail | |
| 1. member *(President)* | | |  | | |  | | |  | |
| 2. member | | |  | | |  | | |  | |
| 3. member | | |  | | |  | | |  | |
| 4. member | | |  | | |  | | |  | |
| 5. member | | |  | | |  | | |  | |
| Session of the competent body at which the expert Committee was appointed | | | | | |  | | | | |
| The session of the Ethical Committee at which the research proposal was approved (*if necessary)* | | | | | |  | | | | |
| 1. **Report on the Public Defence of the Dissertation Topic**   *(written by the President of the Expert Committee)* | | | | | | | | | | |
| Place and time | | | | | |  | | | | |
| Duration of the presentation | | | | | |  | | | | |
| Question asked by the members of the Expert Committee *(write in or enclose)* | | | | | |  | | | | |
| Question asked by other present persons  *(write in or enclose)* | | | | | |  | | | | |
| Duration of the discussion and particularly important elements of the discussion | | | | | |  | | | | |
| The end of the defence | | | | | |  | | | | |
| Evaluation of the public defence *(descriptive)* | | | | | |  | | | | |
| **B. Evaluation of the doctoral dissertation topic** *(written by the President of the Expert Committee)*  **3,000 – 6,000 characters with spaces**  *(description of the topic that contains theoretical and methodological background; evaluation of viability; original scientific contribution)* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Proposal for changes: revision of the dissertation title and/or research**  *(revision of the methodology and research plan; revision of the whole synopsis, etc.)* | | | | | | | | | | |
|  | | | | | | | | | | |
| **Proposal** *(explicitly state if the original scientific work on the proposed topic is possible according to the internationally accepted standards of the quality of the PhD studies)* | | | | | | | | | | |
| Final proposal to the competent expert bodies *(mark with an x)*:  □ the evaluation is positive \_\_\_\_\_\_ *(state the evaluation)*  □ synopsis is sent back for revision with the obligation of the repeated defence | | | | | | | | | | |
| **Separate opinion** *(only if a member of the Expert Committee for evaluation of dissertation topic has a separate opinion which is given to the President; make a copy if necessary for more separate opinions)* | | | | | | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name and surname of the Expert Committee member) | | | | | | | | | | |
| **NOTE** (*if necessary)* | | | | | | | | | | |
|  | | | | | | | | | | |
| Expert Committee for the evaluation and defence of the dissertation topic | | | | Academic/scientific title,  name and surname | | | | Signature | | |
| 1. | | | |  | | |
| 2. | | | |  | | |
| 3. | | | |  | | |
| 4. | | | |  | | |
| 5. | | | |  | | |
| Date | | | | | | | | | | |

The filled-out form is to be delivered signed in print to the Office for Postgraduate Studies at the address: University of Zadar, Office for Postgraduate Studies, Ruđera Boškovića 5, 23000 Zadar