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| --- | --- |
|  | Registration number |

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

**Proposed examining committee**

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

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

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

|  |  |
| --- | --- |
| 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  No  If yes, why? |

**The proposed examining committee recommends**

|  |
| --- |
| 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.