Date Klik her for at angive en dato.

Please delete the guiding text marked with grey before handing in the recommendation.

**1. Preliminary recommendation**

To be completed in Danish *or* English

Suggested number of pages in total: 5 pages

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| **A) Introduction**Author:* XXX

Title of thesis:* XXX

Members of assesment comittee:* XXX, XXX, XXX (Vælg et element.)
* XXX, XXX, XXX
* XXX, XXX, XXX

Principal supervisor: * XXX, XXX, XXX

State if any of the supervisors participated in the assessment without voting right |
| **B) Information regarding the thesis**Type of the thesis: (monograph/articles/combi)Number of pages of thesis excluding appendices: Number of pages of appendices:If the thesis contains articles state title, author(s) and publication statusIn case of co-authored articles, state the independent contribution to the articles of the PhD candidate. |
| **C) Summary of the contents of thesis**Max 1 page  |
| **D) Evaluation of the thesis**Evaluation of *all* key elements of the thesis including:* Research questions, design and methods
* Theory and conceptualisation
* Analysis
* Main contribution to research field

Include items for discussion at the defence  |
| **E) Conclusion**State if the thesis is:1) recommended for oral defence, unanimous or divided. If the recommendation is divided, state the individual recommendations2) recommended for resubmission in a revised version. State the deadline for resubmission3) not recommended for oral defence |

**Signature(s)**

1) If recommended for assessment: Signature from the chairperson *and* documentation of accept of the assessment from the other members of the assessment committee

2) If not recommended or by divided recommendation: Signatures from all members of the assessment committee

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| **Date and signatures** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX, Chair | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX |

Following completion the preliminary assessment must be sent to aauphd@adm.aau.dk

**2. Final recommendation**

To be completed and signed by all members of the assessment committee immediately after the defence

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| --- |
| State if the decision is unanimous or divided. If the recommendation is divided, state the individual recommendations. |
| **Time and place of the defence:** |
| **Date and signatures** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ XXX, Chair | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_XXX |