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

|  |
| --- |
| **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 status  In 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  Forslag til punkter som med fordel kan inkluderes i templaten FRA HENRIK |
| **E) Conclusion**  State if the thesis is:  1) recommended for oral defence, unanimous or divided. If the recommendation is divided, state the individual recommendations  2) recommended for resubmission in a revised version. State the deadline for resubmission  3) 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

|  |  |  |
| --- | --- | --- |
| **Date and signatures** | | |
| Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  XXX, Chair | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  XXX | Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  XXX |

Following completion the preliminary assessment must be sent to [aauphd@adm.aau.dk](mailto:aauphd@adm.aau.dk)

**2. Final recommendation**

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

|  |  |  |
| --- | --- | --- |
| 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 |