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| **Declaration in connection with**  **<candidate name>’s dissertation**  Principal supervisor:  Subsidiary supervisor(s):  Name of opponent:  I hereby confirm that I have been approached and am willing to accept the task of being a member of the adjudication committee.  I also confirm the following:  I do not have any close or familial relations with the candidate or supervisors  I have not had any supervisory function for the candidate  I have no joint publications with the candidate  I have not contributed in any way to the dissertation  I have had no common financial interests or joint publications with the candidate’s supervisors in the last five years  I do not know of any other circumstances which are apt to impair my impartiality  Please provide further information if any boxes are left unticked:  Cf. sections 6 and 8 of the Norwegian Public Administration Act, I consider myself to be impartial, and accept the appointment as member of the evaluation committee.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_/\_\_\_\_\_ 20\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  committee members signature |
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