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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 impartialityPlease 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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