**Declaration of impartiality**

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| --- | --- |
| Name of PhD candidate: |  |
| Name of main supervisor: |  |
| Name of co-supervisor(s): |  |
| Name of Committee member: |  |

The provisions on impartiality in sections 6 to 10 of the Public Administration Act apply to the members of the Assessment Committee.

In compliance with § 7-4 in the University’s regulations for the degree of PhD, we ask proposed members of the Assessment Committee to answer the questions below.

Assessment Committee members must not normally have:

• Joint publications, presentations or other research collaboration with the doctoral candidate, one or more of the candidate's supervisors or co-authors in the past 5 years

• Joint publications, presentations or other research collaboration with one or more of the other committee members in the last 5 years

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|  | **Question** | **No:** | **Yes:** | |
| 1. | Do you have a family relationship or a close personal relationship with the PhD candidate, any of the candidate’s supervisors or the candidate’s co-authors? |  |  | |
| 2. | Have you co-authored publications, presentations or have you had any other kind of research collaboration **with the PhD candidate**? |  |  | |
| 3. | Have you co-authored publications, presentations or have you had any other kind of research collaboration with **any of the PhD candidate’s supervisors or co-authors**? |  |  | |
| 4. | Have you co-authored publications, presentations or have you had any other kind of research collaboration **with any of the other committee members**? |  |  | |
| 5. | Are there are any other circumstances that may affect your impartiality regarding the evaluation and PhD examination? |  |  | |
|  | | | |
| **If the answer to one or more of the questions above is yes, please explain why, beneath** (publication year, form/duration of cooperation etc.): | | | |

I declare that as far as I am aware there are no circumstances that impair confidence in my impartiality, and I agree to serve as a member of the Assessment Committee.

Place\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_/\_\_\_\_\_ 20\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee member’s signature