**REQUEST FOR THE APPOINTMENT OF A DOCTORAL THESIS VIVA PANEL**

The Board of the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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during their meeting on \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, after hearing from Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

the director(s) of the Doctoral Thesis entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

written by Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and from the Academic Commission of the Doctoral Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in which said thesis was carried out, makes the following proposal for viva panel members to the Postgraduate Commission, for ratification in accordance with current regulations.

After receiving notification of the appointment of the definitive panel by the Pro Vice-Chancellor for Doctoral Studies, the Department may initiate all necessary procedures for bringing the panel members to the university for the viva session (travel arrangements, hotels, etc.).

The panel responsible for assessing the thesis must comply with that outlined in articles 35 and 36 of the Management Regulations for Official Doctoral Studies, as well as with that established in this respect by the Postgraduate Commission. Based on those criteria, the proposal outlined below for the composition of the panel includes at least two people with two or more recognised six-year research periods or equivalent research merits (at least 10 relevant contributions during 12 years of research experience). The proposal also stipulates who will serve as the chair, the secretary and the voting member(s), and names three alternates. In light of the above, we make the following

**PROPOSAL FOR THE MEMBERS OF THE VIVA PANEL**

**Chair**

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

**Secretary**

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

**Voting member**

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

**(For 5-member panels, please include the following voting members)**

**Voting member**

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

**Alternates (for 3 and 5-member panels):**

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

Surname(s): First name:

National ID card num.:

Body/Position/Category:

University/Research Centre/Institution:

Centre:

Department:

Knowledge area:

Address: Postcode Town/City:

Country:

Telephone num.: Email:

The panel member proposed below will participate in the viva session via videoconference (please complete only in the event of a semi face-to-face viva session): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This proposal is made to the UPV/EHU Postgraduate Commission, so that, once it has checked that the established requirements have been met, it can forward it to the Pro Vice-Chancellor for Postgraduate Studies so that they can officially appoint the panel members.

In\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_ \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

DEPARTMENT DIRECTOR DEPARTMENT SECRETARY

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The merits of the each of the people proposed by the Department as potential members of the thesis viva panel are outlined below. Furthermore:

* In the event of university lecturers who are not able to present a CNEAI certification (option 4), at least 5 relevant contributions in 6 years of research experience are also included for assessment by the Postgraduate Commission.
* In the case of professionals from outside the university or healthcare-related PhD holders working in the clinical area that the Department deems eligible for appointment as panel members (option 5), their Curricula Vitae are included below (following assessment by the Department) for filing alongside the rest of the viva documents.

**APPENDIX 1**

**MERITS OF THE PERSON PROPOSED AS A MEMBER**

**OF THE THESIS VIVA PANEL**

**PLEASE INDICATE THE FOLLOWING INFORMATION FOR EACH PANEL MEMBER AND ALTERNATE:**

**Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tick only one box:**

**(1)** Has 1 research period recognised by the National Assessment Committee for Research Activities (CNEAI) or one equivalent period recognised by the corresponding Evaluation and Accreditation Agency:

**(2)** Has 2 or more research periods recognised by the National Assessment Committee for Research Activities (CNEAI) or 2 or more equivalent periods recognised by the corresponding Evaluation and Accreditation Agency:

**(3)** Has equivalent research merits already recognised by the Postgraduate Commission during a previous viva panel member proposal process, in accordance with CNEAI criteria (at least 5 relevant contributions in 6 years of research experience), in the case of lecturers or researchers who are unable to submit an accreditation issued by the CNEAI or corresponding Assessment and Accreditation Agency.

**(4)** Has equivalent research merits (appendix 2) to be assessed by the Postgraduate Commission, in accordance with CNEAI criteria (at least 5 relevant contributions in 6 years of research experience), in the case of lecturers or researchers who are unable to submit an accreditation issued by the CNEAI or corresponding Assessment and Accreditation Agency ([the corresponding declaration must be submitted for accreditation](https://www.ehu.eus/documents/d/doktoregoa/declaracion-de-no-estar-en-situacion-de-poder-acreditar-sexenios-o-tramos-equivalentes)):

 **(5)** Has at least 6 years professional experience in a field related to the topic of the thesis and has the necessary CV, in the case of professionals working outside the university or healthcare-related PhD holders working in the clinical field.

**Date on which they obtained their PhD (except those who obtained their PhD from the UPV/EHU) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do they belong to the Doctoral Programme within which the thesis is being presented (YES/NO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE:

If you checked option 4 or option 5, please complete the following pages.

**APPENDIX 2**

**OPTION 4: Lecturer or researcher who is not in a position to submit an accreditation issued by the CNEAI or the corresponding Assessment and Accreditation Agency, and who has at least 5 relevant contributions in 6 years of research experience, according to the criteria established by the CNEAI.**

**RELEVANT CONTRIBUTIONS:**

Please state the title of the thesis.

**First name:** Please write the name of the person proposed as a viva panel member.

**Research experience:** Please write a brief summary of their research experience during the 6 years proposed.

**TYPE OF CONTRIBUTION: INDEXED SCIENTIFIC PUBLICATION**

*(Include as many sheets of this kind as there are scientific publications to be presented; at least 5)*

**CONTRIBUTION** Please write the number in order, 1 to ...

**Authors:**

Please write the name and surname(s) of each author, separated by a comma, in the same order in which they appear in the paper.

**Num. authors:** Num. authors. **Position of the candidate:** Candidate's position among the authors.

**Title:** Please write the title of the work as it appears in the scientific journal.

**Name of the journal:** Please write the full name of the journal.

**ISSN:** ISSN of the journal.

**Volume:** Volume num. **Pages: From** First page. **To** Last page.

**Published by:** Please write the name of the publisher. **DOI:** DOI of the publication.

**Year:** Year of publication. **Country of publication:** Country of publication.

**ISSN:** Please write the ISSN of the journal.

**QUALITY INDEXES (the following data must be included):**

INDEXING DATABASE: Database in which the journal is indexed.

IMPACT FACTOR: Please write the impact factor of the journal in the year in which the work was published, or the last year for which that information is available. YEAR: Year of impact factor.

CATEGORY: Indicate the classified area in the database closest to the research carried out.

JOURNAL'S POSITION IN THE AREA: Journal's position.

NUMBER OF JOURNALS IN THE AREA: Total num. of journals.

QUARTILE: Please select one of the fold-down menu options.

**TYPE OF CONTRIBUTION: BOOKS AND BOOK CHAPTERS**

*(Include as many sheets of this kind as there are books or book chapters to be presented, 10 for the chair or 5 for the other members).*

**CONTRIBUTION** Please write the number in order, 1-10**. KEY:** Select an element.

**Authors:**

Please write the name and surname(s) of each author, separated by a comma, in the same order in which they appear in the publication.

**Num. authors:** Num. authors. **Position of the candidate:** Candidate's position among the authors.

**Book title:** Please write the title of the book.

**Chapter title:** Please write the title of the book chapter.

**Collection:** Please write the title of the collection (where appropriate).

**ISBN:** ISBN of the book.

**Volume:** Volume num. **Pages: From** First page. **To** Last page.

**Published by:** Please write the name of the publisher.

**Year:** Year of publication. **Country of publication:** Country of publication.

**QUALITY INDEXES (the following data must be included):**

NUMBER OF CITATIONS: Number of citations (on the date this form was completed).

REVIEWS IN SPECIALIST SCIENTIFIC JOURNALS: Please write the impact factor of the journal in the year in which the work was published, or the last year for which that information is available.

TRANSLATIONS INTO OTHER LANGUAGES: Please indicate the languages into which the work has been translated.

OTHERS (SPECIFY):

Please indicate any other quality indexes (free text).

**TYPE OF CONTRIBUTION: PATENTS**

*(Include as many sheets of this kind as there are patents to be presented, 10 for the chair or 5 for the other members).*

**CONTRIBUTION** Please write the number in order, 1-10**. KEY:** Select an element.

**Authors:**

Please write the name and surname(s) of each author, separated by a comma, in the same order in which they appear in the patent.

**Num. authors:** Num. authors. **Position of the candidate:** Candidate's position among the authors.

**Title of the patent:** Please write the title of the patent.

**National / International:** Please mark as appropriate

**Country:** In the case of an international patient, please state the country.

**Date of submission:** Date on which the patent request was submitted.

**Registration num.:** Please state the patent registration num.

**Currently being exploited:** Please answer yes or no.

**OTHER RELEVANT INFORMATION REGARDING EXPLOITATION:**

**TYPE OF CONTRIBUTION: WORKS OF ARTISTIC CREATIVITY**

*(Include as many sheets of this kind as there are works of artistic creativity to be presented, 10 for the chair or 5 for the other members).*

**CONTRIBUTION** Please write the number in order, 1-10**. KEY:** Select an element.

**Authors:**

Please write the name and surname(s) of each author, separated by a comma, in the same order in which they appear in the work.

**Num. authors:** Num. authors. **Position of the candidate:** Candidate's position among the authors.

**Title of the work of artistic creativity:** Please write the title of the wor.

**National / International:** Please mark as appropriate.

**Country:** In the case of an international work, please state the country.

**Place**: Please write the place, where appropriate (museums, etc.).

**Date:** Date of the work/ exhibition.

**QUALITY INDEXES (the following data must be included):**

**Repercussion stemming from public recognition of the work in question. Dissemination and reception in specialised media. Exhibitions and works of unique relevance. Awards and accolades received: for its impact among specialist national and international critics or for having been shown in exhibition catalogues. Participation as curator, etc.**

**OPTION 5: Professionals from outside the university or holders of a healthcare-related PhD working in the clinical field.**

**CURRICULUM VITAE.**