



INTERNATIONAL UNIVERSITY OF SARAJEVO  
INTERNACIONALNI UNIVERZITET U SARAJEVU

## Qualification Exam Committee Appointment Form

### Part I Student Information

Student Name and Surname	Student ID Number	Study Program	Signature
			Date [..... /..... /.....]

### Part II Declaration by Program Coordinator

The student has fulfilled all study program requirements preceding to the PhD Qualification Exam	Signature	Date

### Part III Mentor's Consent

	Name and surname	Institution/Affiliation	Signature
Mentor			
Field of the student's planned doctoral dissertation			

*For Official Use Only*

### Part IV Doctoral Qualification Exam Committee Members Proposed by the Mentor

	Name and surname	Institution/Affiliation
Committee Member		
Committee Member		

Request approved by Faculty Council on \_\_\_\_\_, Decision No. \_\_\_\_\_

Request approved by IUS Senate on \_\_\_\_\_, Decision No. \_\_\_\_\_