INDIVIDUAL MONITORING COMMITTEE DECLARATION FORM

Following the decree of May 25th 2016, modified on 26 August 2022, about doctoral studies, a individual monitoring committee must be proposed to the thesis supervisor during the first year enrollment. In step of this decree, the committee members are not part of the doctoral students' researches. The thesis supervisor cannot make part of this committee.

Every year, the meeting between each doctoral student and the 3 members of his/her committee must allow him/her to benefit of an external point of view about his/her thesis progress.

**Doctoral student:** Name : ..........................................................  First name : ..........................................................  

**Thesis supervisor(s):** ................................................................................................................................................

**Membership of the committee:**

- **Member 1/ referent:** teacher researcher or researcher belonging to the research unit (other than the thesis supervisor). The committee referent files the annual report on Adum.

  Name : ..........................................................  First name : ..........................................................

  Current affiliation (Institution, Research Unit) : ............................................................................................

  Function/ Grade : ..........................................................  HDR or equivalent : OUI ☐ NON ☐

  Email : ..........................................................................................

- **Member 2:** teacher researcher or researcher belonging to the EES Doctoral School, external of the research unit

  Name : ..........................................................  First name : ..........................................................

  Current affiliation (Institution, Research Unit) : ............................................................................................

  Function/ Grade : ..........................................................  HDR or equivalent : OUI ☐ NON ☐

  Email : ..........................................................................................

- **Member 3:** teacher researcher or researcher external of the University of Bordeaux

  Name : ..........................................................  First name : ..........................................................

  Current affiliation (Institution, Research Unit) : ............................................................................................

  Function/ Grade : ..........................................................  HDR or equivalent : OUI ☐ NON ☐

  Email : ..........................................................................................

I certify that I have consulted the PhD student on the composition of this individual monitoring committee.

Date and supervisor's signature: