

Name of examiner
Address and Affiliation

Date

Candidate: *Name in English*
Thesis for the Degree of: *Master or Ph. D.*
Title of the Thesis: *Title of thesis*

Dear *Name of examiner*,

You are hereby appointed by the *Department (or Institute) of OOO* as an examiner for the above thesis. Supervised by *Name of the Supervisor*, the thesis is due to be submitted by *Month Day, Year*, and will be sent to you as soon as possible after that date.

As a member of the Thesis Examination Committee, you are required to attend the oral examination which will take place on *Month Day, Year* at the *Location*.

This appointment entitles you to an attendance fee for the oral examination. If you have any questions concerning the examination procedures, please contact *Name of a Person* at *Telephone Number*.

Yours sincerely

Chair, *Department (or Institute) of OOO*
Contact information