**Engagement of impartiality**

**To return accompanied by your review on the manuscript, at least 3 weeks before the defense date**

**Review on the HDR Manuscript :**

**Madam / Sir** *(name of HDR student)* ……………………………………………………

**Date and place of the defense: :** ………………………………………………………………………..

**first and last name of the reviewer** **……………………………………………….**

By signing, I certify that I have no personal or family connection with the HDR student or his/her supervisor.

I certify that I have not taken part in the work and not co-authored publications with the HDR student for the last five years

on (date) ---- signature :

**Reviewer’s Decision for the Defense**

Opinion : ⬜ Favourable to the defense

⬜ Unfavourable to the defense

Number of pages of the review:…………….p

**first and last name of the reviewer** **……………………………………………….**

Signed in (location) -----…………………………………...-, on (date) ----

Signature :