**Engagement of impartiality**

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

**Review on the PhD Manuscript :**

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

**Title of thesis**: ………………………………………………………………………………………

**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 doctoral student or his/her PhD supervisor.

I certify that I have not taken part in the work of the thesis and not co-authored publications with the doctoral 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

*In the event of a favorable opinion, if you wish nevertheless that modifications are made to the manuscript, they will be transmitted to the Defense committee which may ask, at the end of the defense, to the PhD candidate to introduce them in the final version of the thesis submit ted to the University for earning the PHD.*

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

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

Signature :