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Registration Number

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Study Code

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**OPPONENTS FOR THE PUBLIC DEFENSE**

\_\_\_\_\_  
*Last Name, Academic Degree*

\_\_\_\_\_  
*First Name(s)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Nationality*

\_\_\_\_\_  
*(Mobile) Phone Number*

\_\_\_\_\_  
*E-mail Address*

**Suggested 2 to 4 opponents:**

1)

\_\_\_\_\_  
*Name (Institution, if not a member of the University of Salzburg)*

2)

\_\_\_\_\_  
*Name (Institution, if not a member of the University of Salzburg)*

3)

\_\_\_\_\_  
*Name (Institution, if not a member of the University of Salzburg)*

4)

\_\_\_\_\_  
*Name (Institution, if not a member of the University of Salzburg)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name of Main-Supervisor*

\_\_\_\_\_  
*Signature of Main-Supervisor*

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**Approval:**

\_\_\_\_\_  
*Date*

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*Head of the Department of Geoinformatics - Z\_GIS*  
On behalf of the Vice Rector for Teaching