**Protocol of the**  **meeting with the PhD committee**

Fields a – d have to be filled by the PhD Student.

Fields e – I have to be filled by the committee chair

|  |  |
| --- | --- |
| **a) PhD student** | |
| Name, first name:  Research Group:  Focal Area:  E-mail: |  |

|  |  |
| --- | --- |
| **b) Attending members of the thesis committee** | |
| Name, first name:  University, Department:  Supervisor  Signature: |  |
| Name, first name:  University, Department:  Committee chair  Signature: |  |
| Name, first name:  University, Department:  Signature: |  |
| Name, first name:  University, Department:  Signature: |  |

|  |
| --- |
| **c) Location, date and time** |
|  |

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| --- |
| **d) Project Title:** |
|  |
| **e) Main research goals** |
| **f) Obtained results and comments** |
| **g) Specific future goals** |

**h) Complementary course work**

|  |  |
| --- | --- |
| **i) additional remarks** | |
|  | |
|  |  |
| **Date** | **Keeper of the minutes** |

Please send the signed protocol to the DBM PhD coordinator by Email.

May 2016/nsw