**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

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

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| **b) Attending members of the thesis committee** |
| Name, first name:University, Department:SupervisorSignature: |            |
| Name, first name: University, Department:Committee chairSignature: |            |
| Name, first name:University, Department:Signature: |            |
| Name, first name:University, Department:Signature: |            |

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| **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**

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

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

May 2016/nsw