PROTOCOL OF THE  MEETING WITH THE PHD ADVISORY COMMITTEE

**Fields a – d & h** have to be filled in by the **PhD student**

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

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| a) PhD Student |
| Name, First name: Research Group: Research Area: E-mail:  |                      |

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| b) Attending members of the thesis committee |
| **1st Supervisor**Name, First name: University, Department: Signature:  |                      |
| **2nd Supervisor**Name, First name: University, Department: Signature: |                      |
| **3rd Supervisor**Name, First name: University, Department:Signature:  |                 |
| ***Additional Supervisor****Name, First name:* *University, Department:**Signature:*  |                 |

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| c) Location, date and time |
|       |

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| d) Project title: |
|       |

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| e) Main research goals |
|       |

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| f) Obtained results and comments |
|       |
| g) Specific future goals |
|       |

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| h) Complementary course work and credit points |
|       Tutoring      Graduate Teaching Program [ ]  PhD Retreat [ ]  Biozentrum Retreat[ ]  Research integrity course completed Date:       (mandatory and to be completed within the 1st year of PhD) |

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| i) Additional remarks |
|       |

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| Date:       | Keeper of the minutes/Chair:       |

Please send the filled and signed protocol by email to the PhD Student Office:

phd-biozentrum@unibas.ch

29.07.2024 / SP