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](mailto:phd-biozentrum@unibas.ch)

29.07.2024 / SP