



_____ **Committee Meeting**

Date of meeting: _____

PhD student: _____

Matriculation Number: _____

PhD project working title: _____

Thesis committee members:

	Responsible faculty member	Thesis supervisor (if different)
Name, First name Department, Clinic Address Phone E-mail		
	Second faculty member	External member
Name, First name Department, Clinic Address Phone E-mail		
	Additional member (optional)	Additional member (optional)
Name, First name Department, Clinic Address Phone E-mail		

- 1) Did the student meet the requirements of the _____ committee meeting? Yes/No
If no, is a repetition planned? Yes/No
- 2) Does the committee agree that the project has reached the stage where a thesis can be written, and that the student has a sufficient knowledge of his/her field to successfully defend the thesis? Yes/No
- 3) Did the student have the opportunity to talk to the committee members without his/her supervisor being present? Yes/No
- 4) Does the committee agree on the reached/planned teaching activities? Yes/No
If no, please specify: _____

- 5) Does the student need to fulfill additional requirements? Yes/No
If so, have these already been successfully completed? Yes/No
If no, please specify: _____

- 6) How many of the 12 compulsory ECTS has the student already obtained? _____ ECTS
- 7) Does the committee agree on the publication plan? Yes/No
If no, please specify: _____

- 8) Is this the last committee meeting before the defense? Yes/No
Hint: The PhD defense may not take place more than 18 months after the doctoral committee's last meeting.
If yes, what is the approximate date of the defense? _____
- 9) Are there specific recommendations to be supplemented in an Appendix? Yes/No

Names and signatures of committee members and student