



2nd 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 2nd committee meeting?
If no, is a repetition planned? Yes/No
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) How many of the 12 compulsory ECTS has the student already obtained? _____ ECTS
- 6) Does the committee agree on the publication plan? Yes/No
If no, please specify: _____

- 7) Is this the last committee meeting before the defense? Yes/No/TBD
If yes, what is the approximate date of the defense? _____
- 8) Are there specific recommendations to be supplemented in an Appendix? Yes/No

Names and Signatures of Members and Student