



1st 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 1st committee meeting?
If no, is a repetition planned? Yes/No
Yes/No
- 2) Did the student have the opportunity to talk to the committee members
without his/her supervisor being present? Yes/No
- 3) Does the doctoral candidate have to fulfill admission requirements from the
Dean's office (i.e. additional courses to be attended for admission to the doctoral
studies)? Yes/No
If yes, please specify the requirements: _____

- 4) Does the committee agree on the project timeline? Yes/No
If no, please specify: _____

- 5) Does the committee agree on the teaching activities?* Yes/No
If no, please specify: _____

- 6) Does the committee agree on the planned courses? Yes/No
If no, please specify: _____

- 7) Does the committee agree on the publication plan? Yes/No
If no, please specify: _____

- 8) Are there specific recommendations to supplement in an Appendix? Yes/No

Names and Signatures of Members and Student