



## 1<sup>st</sup> 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 1<sup>st</sup> 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 committee agree on the project timeline? Yes/No  
If no, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Does the committee agree on the 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  
Please specify the requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 committee members and student**