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|  | **Fakultät**  **für**  **Biologie** | **Anlage 4** |

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**Annual Progress Report**

**Thesis Committee and Doctoral Researcher Meeting**

Please complete the form during the meeting and return it, signed by all attendees, to:

Dean’s Office, Faculty of Biology, Biocenter, Am Hubland, D-97074 Würzburg

**Check appropriately:**

…. year Meeting  final Meeting

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| **General information** |
| **Doctoral Researcher**  Family Name:       Middle Name/Initials:    First Name:  E-Mail:  Department: |
| **Title of thesis:**    **Projected date of completion:**   /   / |
| **Date** of previous annual meeting/start-up meeting:   /   / |

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| **Meeting** |
| **Date of meeting:** |
| **Supervisors attending the meeting:**  **Name and Department:**  1.  in person    2.  in person  separate meeting  date:    3.  in person  separate meeting  date: |

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| **Progress & achievements, difficulties encountered, actions to be taken** |
| 1. **Achievements:**   What has the candidate achieved over the past 12 months? |
| 1. **Progress:**   Is the candidate making satisfactory progress? Yes  No |
| 1. **Please indicate factors that may have slowed down progress:**     **Please indicate what steps have been taken or will be taken:** |

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| **Research training plan following year / final year** |
| **A. Scientific work program**    **Publications:**  (please indicate the number of manuscripts and their status)    published    submitted    in revision    rejected     (please specify key information for each publication released, e.g. journal name, date of publication, list of authors, etc.):    First authorship Yes  No  Number of manuscripts in preparation    (please describe your plans, preliminary title, etc.): |
| **B. Educational program** (what actions are recommended for the next 12 months) |

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| **Next Meeting** |
| **Projected date of next annual meeting:**   /   / |

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| **Additional comments** |
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| **Please sign the form and return to the Dean’s Office** |
| **1st Supervisor Name**:  Signature:………………………………………………… Date……………………………  **2nd Supervisor Name**:  Signature:………………………………………………… Date……………………………  **3rd Supervisor Name**:  Signature:………………………………………………… Date…………………………… |
| **Doctoral Researcher Name:**  Signature:………………………………………………… Date…………………………… |

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| **Dean’s Office use only**  Date of receipt:……………………………… Initials…..……………………… |