



ATTACHMENT 1

Starte-Up Report Advisory Committee and Doctoral Student Meeting

Please complete the form and return it signed by all attendees to
Servicezentrum der Fakultät für Physik und Astronomie ab (B024)

| General Information | Meeting Date: |
|---|---|
| First Name, Family Name Doctoral Student: | |
| (Preliminary) Title of Thesis: | |
| Projected Date of Completion: | |
| Venue (only if meeting took place outside the University of Würzburg) | |
| Advisors attending meeting on Date | |
| 1. | <input type="checkbox"/> in person <input type="checkbox"/> via video conference <input type="checkbox"/> via phone |
| 2. | <input type="checkbox"/> in person <input type="checkbox"/> via video conference <input type="checkbox"/> via phone |
| 3. | <input type="checkbox"/> in person <input type="checkbox"/> via video conference <input type="checkbox"/> via phone |

| Issues discussed, Results and Recommendation |
|---|
| Topics and Objectives of the Thesis, Background |

Research Training Plan – Teil A, Scientific Work Program for the First Year

Research Training Plan – Teil B; further educational Training Program for the First Year (lectures, seminars, practical courses, conferences, language courses, soft skills, etc.)

Projected Date of First Annual Meeting:

1st Advisor Name:

Signature:

Date:

2nd Advisor Name:

Signature:

Date:

3rd Advisor Name:

Signature :

Date:

Doctoral Student:

Signature :

Date: