



ATTACHMENT 2

Annual Progress Report Advisory Committee and Doctoral Student Meeting

Please complete the form and return it signed
by all attendees to the PhD-Office

1st year meeting 2nd year meeting year meeting

General Information	Meeting Date:
First Name, Family Name Doctoral Student:	
(Preliminary) Title of the Thesis:	
Projected Date of Completion:	
Date of previous annuals meeting/start-up meeting:	
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

Progress & Achievements, Problems / Difficulties encountered, Actions to be taken

1. **Achievements**
2. **Please briefly summarize (a) scientific achievements and (b) achievements in the educational trainings programm in the last 12 months**

3. Progress

Is the candidate making satisfactory progress?
(Are there factors that may slowed down progress?)

4. Steps that have already been or will be taken to tackle problems

Fort he final year candidates olny

Do you expect to submit the thesis on time? Yes No

If no, do you want to apply for a 1 year extension? Yes No

Please summerize the plans fort he extension period:

Research Training Plan fort he following Year / final Year

A. **Scientific Work Prgramm** (this may include establishment of a new method, new experiments, presentation at international conferences.....)

Publicationen

Please indicate the number of manuscripts and their status:

_____ published _____ submitted _____ in revision _____ rejected

Bitte geben Sie wichtige Informationen für jede Veröffentlichung an (Journal, Veröffentlichungsdatum, Autoren usw.)

For manuscripts in preparation: please comment on your plans, preliminary title etc.

B. Educational Program

Please comment on actions to be taken for the next 12 months

Projected Date of next Meeting:

1st Advisor Name:

Signature:

Date:

2nd Advisor Name:

Signature:

Date:

3rd Advisor Name:

Signature :

Date:

Doctoral Student:

Signature :

Date::