**Start-Up Report – Medical Doctoral Researchers**

**Thesis Committee and Medical Doctoral Researcher Meeting**

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

Graduate School of Life Sciences, Beatrice-Edgell-Weg 21, 97074 Würzburg

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| **General information** |
| **Medical Doctoral Researcher**  Family Name:  First Name: |
| **Thesis key words**    **Projected date of completion:**   /   / |
| **Venue** (only to be completed if the meeting took place outside the University of Würzburg) |

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| **Meeting** |
| **Date of meeting:** |
| **Supervisors attending the meeting:**  1.  in person  via video conference  via phone  2.  in person  via video conference  via phone  3.  in person  via video conference  via phone  4.  in person  via video conference  via phone  Extraordinary meeting with */* Date      / Venue |

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| **Issues discussed, results and recommendations**  Please note; you may write as much as you consider important about any of the topics below, there is no limitation! |
| **Background, topics and objectives of the thesis** |
| **Research Training Plan – Part A**  **Scientific work programme** |
| **Research Training Plan – Part B**  **Educational training programme** (lectures, seminars, practical courses, conferences, language courses, transferable skills, etc.) |

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| **Next meeting** |
| **Projected date of biannual meeting:**   /   / |

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| **Additional comments** |
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**1st Supervisor Name**:

Signature: ………………………………………………………Date…………………

**2nd Supervisor Name**:

Signature: ………………………………………………………Date…………………

**3rd Supervisor Name**:

Signature: ………………………………………………………Date…………………

**4th Supervisor Name**:

Signature: ………………………………………………………Date…………………

**Doctoral Researcher Name**:

Signature: ………………………………………………………Date…………………

**GSLS Office use only**

Date of receipt ……………………. Initials …………………….

Date checked ……………………. Initials …………………….

Date returned for amendment (if applicable) …………………. Initials ……………………