**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** |
|       |

**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 ……………………