**Biannual Progress Report – Medical Doctoral Researchers**

**Thesis Committee and Medical Doctoral Researcher Meeting**

Please complete the form (4 pages) during the meeting and return it, signed by all attendees, to:

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

**Check appropriately:**

Biannual Meeting 1  Biannual Meeting 2 (if applicable)

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| **General information** |
| **Medical Doctoral Researcher**  Family Name:  First Name: |
| **Title of thesis**    **Projected date of completion:**   /   / |
| **Date** of previous start-up/biannual meeting:   /   / |
| **Venue** (to be completed only 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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| **Progress & achievements, difficulties encountered, actions to be taken** |
| 1. **Achievements**   What has the candidate achieved over the past 6 months? |
| 1. **Progress**   Is the candidate making satisfactory progress? Yes  No  Are there sufficient entries in the study book? Yes  No |
| 1. **Please indicate factors that may have slowed down progress over the past year**   Theoretical background  Practical experience  Access to books/equipment  Settling in  Communication with others  Interruption to supervision  Understanding work expected  Financial issues  Health/Personal  Others  (please specify):  **Please indicate what steps have been taken or will be taken to overcome the difficulties**    If you wish to make any further comments on the candidate’s progress, please do so here: |

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| **Research training plan for coming 6 months** |
| **A. Scientific work programme**  (examples: establishment of new method, oral presentation at international congress)    **Publication(s):**  (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.):    Coauthorship Yes  No  Number of manuscripts in preparation    (please describe your plans, preliminary title, etc.): |
| **B. Educational programme**  Lectures  Language courses  Workshops  Transferable skills  (please specify):    Practical courses  Research stay abroad  Conferences  Others  (please specify): |

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| **Next meeting** |
| **Is a final, consolidation meeting for the end of the project recommended?** Yes  No  **Projected date of next biannual meeting:**   /   / |

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| **Additional comments** |
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| **Please sign the form and return to the GSLS Office** |
| **1st Supervisor Name**:  Signature:………………………………………………… Date……………………………  **2nd Supervisor Name**:  Signature:………………………………………………… Date……………………………  **3rd Supervisor Name**:  Signature:………………………………………………… Date……………………………  **4th Supervisor Name**:  Signature:………………………………………………… Date…………………………… |
| **Medical Doctoral Researcher Name:**  Signature:………………………………………………… Date…………………………… |

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| **GSLS Office use only**  Date of receipt:……………………………… Initials…..…………………………  Date checked:………………………………. Initials…..…………………………  Date returned for amendment (if applicable:……………………… Initials……………………………. |