Name:
Department/Group:
Mentoring (at least 90 h in total; 3 ECTS)
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:
Term:
Type and name of activity:
total number of hours:
Signature of the Supervisor/Instructor:

Name:			
Department/Group:			
Progress report (1 h/week in the group, participation min. 4x, talk min. 4x; 2 ECTS)			
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
	□ yes □ no		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		
Signature:	Signature:		

To be signed by the group leader.

Name:				
Department/Group:				
GP IFIB symposium (participation min. 3x, talk min. 2x; 3 ECTS)				
Date:				
Presentation by the PhD s	tudent:			
☐ talk	□ poster	none		
Signature:				
Date:				
Presentation by the PhD s	tudent:			
☐ talk	□ poster	none		
Signature:				
Date:				
Presentation by the PhD s	tudent:			
☐ talk	☐ poster	none		
Signature:				
Date:				
Presentation by the PhD s	tudent:			
☐ talk	□ poster	none		
Signature:				

To be signed by the organizer.

Department/Group:
Methodology courses (at least 40 h; 3 ECTS)
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:

Name:

Name:	
Department/Group:	

<u>Lectures / Seminars (2 h/week during the semester; participation min. 4x, at least 6 times/term to be attended; 2 ECTS)</u>

Term / Date:	Term / Date:
Type and/or name of activity:	Type and/or name of activity:
ECTS:	ECTS:
Signature of the Supervisor/Instructor:	Signature of the Supervisor/Instructor:
Term / Date:	Term / Date:
Type and/or name of activity:	Type and/or name of activity:
ECTS:	ECTS:
Signature of the Supervisor/Instructor:	Signature of the Supervisor/Instructor:
Term / Date:	Term / Date:
Type and/or name of activity:	Type and/or name of activity:
ECTS:	ECTS:
Signature of the Supervisor/Instructor:	Signature of the Supervisor/Instructor:
Term / Date:	Term / Date:
Type and/or name of activity:	Type and/or name of activity:
ECTS:	ECTS:
Signature of the Supervisor/Instructor:	Signature of the Supervisor/Instructor:

Name:			
Department/Group:			
Journal Club (every 2 weeks in the group, at least 4times participation and 3 talks; 1 ECTS)			
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		
Signature:	Signature:		
Term:	Term:		
Presentation by the PhD student:	Presentation by the PhD student:		
□ yes □ no	□ yes □ no		

To be signed by the organizer.

Signature:

Signature:

Name:
Department/Group:
International Meeting (at least 1 with 1x poster or talk; 1 ECTS)
Name of the meeting:
Date and location of the meeting:
Presentation by the PhD student:
☐ talk ☐ poster ☐ none
Signature of the Supervisor/Instructor:
Name of the meeting:
Date and location of the meeting:
Presentation by the PhD student:
☐ talk ☐ poster ☐ none
Signature of the Supervisor/Instructor:

Name:
Department/Group:
Complementary skills (at least 3 courses; at least 3 ECTS in total)
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor:
Term / Date:
Type and/or name of activity:
ECTS:
Signature of the Supervisor/Instructor: