



LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

Dean's Office
Faculty of Medicine



Ph.D. Medical Research Thesis Advisory Committee Meeting – Protocol

Date: _____

Ph.D. Student: _____

Core area: _____

Institute / Clinic: _____

Starting Date / Semester: _____

Matriculation Number: _____

Name and Title of Supervisor: _____

Name and Title of 2nd TAC Member: _____

Name and Title of 3rd TAC Member: _____

Comments and recommendations of the TAC:

Please state clearly, how the candidate is progressing with his/her Ph.D. (research project, curricular activities, timeline, milestones) and if there are any amendments to be made to the original target agreement.

Please use extra sheet of paper if necessary.

If the candidate is already in the final year of the Ph.D., please state whether the project will be finished on time (by the end of the 3rd year) or whether an extension is required. In the case of an extension, please provide a detailed work and time plan.

Please use extra sheet of paper if necessary.

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| Place | Date | Supervisor's signature |
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| Place | Date | Second TAC member's signature |
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| Place | Date | Third TAC member's signature |
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| Place | Date | Ph.D. candidate's signature |
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