



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN

Dean's Office  
Medical Faculty



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

Date: \_\_\_\_\_

Ph.D. Student: \_\_\_\_\_

Core area and institute/clinic: \_\_\_\_\_

Starting Date / Semester: \_\_\_\_\_

Matriculation number: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_

Name and title of 2<sup>nd</sup> TAC member: \_\_\_\_\_

Name and title of 3<sup>rd</sup> 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 3<sup>rd</sup> 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