



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 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.

Place	Date	Supervisor's signature

Place	Date	Second TAC member's signature

Place	Date	Third TAC member's signature

Place	Date	PhD candidate's signature
