18-Month Thesis Committee Meeting Report

Doctoral researcher - first name, last name - department	
Thesis Committee members	1.
	2.
	3.
Meeting Date	
Progress / Success	o outstanding
	o very good
	o good
	o satisfactory
	o not as expected
Recommended course(s)	
Remarks	

Date, Signatures (every member of the Thesis Committee)

Please send a copy to the KoRS-CB office via e-mail: chembiol@uni-konstanz.de

