



Feedback Pls: “18 Months Summary”

Doctoral researcher - first name, last name - department	
Thesis committee members	1. <hr style="border-top: 1px dashed #000;"/> 2. <hr style="border-top: 1px dashed #000;"/> 3.
Progress / Success	<input type="radio"/> outstanding <input type="radio"/> good <input type="radio"/> satisfactory <input type="radio"/> not as expected
Recommended course(s)	
Remarks	

Date, Signatures (every member of the thesis committee)

Please send to our office: KoRS-CB, Fach 630, L 902