



Feedback doctoral researcher: “18 Months Scientific Proposal”

Doctoral researcher <ul style="list-style-type: none">- first name, last name- department	
Thesis committee members	1. ----- 2. ----- 3.
Please fill in any comments, suggestions, or issues raised during the discussion of your report	

Date

Signature

Can be sent to our office: KoRS-CB, Fach 630, L 902