



This form sheet is composed for your individual self-control according to the supervision agreement.

Doctoral researcher:

Please fill in your individual data

Name:

Project title:

Supervisors:

Starting date:

Supervision

Please fill in your individual dates

Submission of 06 months proposal:

Submission of 18 months summary:

30 months presentation (oral):

Please submit your reports to: chembiol@uni-konstanz.de

Course participation

Please fill in the chosen courses

Scientific course 1:

Scientific course 2:

Transferable skill / management course:

Scientific course OR
transferable skill / management course:

Additional to be completed
within the first 6 months:

Good Scientific Practice
(you will receive instructions automati-
cally by the KoRS-CB office)

KoRS-CB retreat

Please fill in the years of participation

Years: