**COMPLETE RECORD OF STRUCTURED SUPERVISION MEETINGS**

|  |  |
| --- | --- |
| Family name, first name(s) |  |
| Date and place of birth |  |
| Matriculation number |  |
| Project title |  |
| First supervisor |  |
| Co-supervisor |  |
| Mentor (if applicable) |  |
| Doctoral programme (if applicable) |  |

You should use this document to record structured supervision meetings with your supervision team. The meetings are part of your curriculum of study and should take place at least every six months. This document is on-going and should be updated by you and your supervision team until you complete your doctorate.

Before you submit your dissertation, please hand in the complete record of your supervision meetings to the CDSL. This record should be signed by yourself and your supervision team.

In addition, please use the online form to report supervision meetings to the CDSL immediately after they take place. If a supervision meeting cannot take place as scheduled, please fill in a report explaining why (e.g. pregnancy, parental leave, humanitarian work abroad, vacation semester etc.).

Note: this form is designed for six supervision meetings. Please add extra pages if more take place.

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|  **Structured supervision meeting:** |
| Date and time of meeting(beginning and end): |  |
| Participants: |  |
|  |  |
|  |  |

**Doctoral project**

Summary of doctoral research since the last meeting.

Have you encountered any problems with your project? If so, what are they?

Plan of work and recommendations for the project until the next meeting.

**Supervision / Meeting**

Is more supervision / support necessary or desirable? If so, in what form?

Is the frequency / duration of meetings adequate? If not, what needs to be changed?

**Curriculum**

How successfully is the project progressing? Which elements have been completed / which elements are planned?

**Agreement**

All participants agree the record of the meeting [ ]

**The following participated in the meeting and agree the record:**

[ ]  Doctoral student [ ]  First supervisor [ ]  Co-supervisor [ ]  Mentor

**Date of next meeting:**

01.05.2021

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**Signatures for the complete record of structured supervision meetings**

Place and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Doctoral student First supervisor

Place and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Co-supervisor Mentor (if applicable)