Progress Report Doctorate – Faculty of Medicine Heinrich Heine University Düsseldorf

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| 1. General Information |

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| Place, Date and Type of Tutorial Meeting | | | | | | | | | | | |
|  | 1st year | |  | 2nd year |  | 3rd year |  | 4th year |  | | Other (please specify): |
| Place: | |  | | | | | | Date: | |  | |

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| Doctoral Researcher |
| *Last Name, First Name* |
|  |
| *Address* |
|  |
| *E-Mail Address* |
|  |
| *Phone* |
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| Assigned Degree | | | | | |
| *Please tick appropriate degree programme.* | | | | | |
|  | Dr. med. / Dr. med. dent. |  | Dr. Public Health |  | PhD in Medical Sciences |

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| Thesis Supervisor |
| *(Please use this format: Title First Name Last Name Institute / Clinic)*  Univ.-Prof. Dr. med. Martina Musterfrau  Klinik für Musterforschung  Medizinische Fakultät  Heinrich-Heine-Universität Düsseldorf |
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| Co-Supervisor |
| *Please see example above.* |
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| Additional Supervisor(s) (if applicable) |
| *Please see example above.* |
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| 2. Specific contents and agreements regarding doctoral research |

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| Working title of thesis |
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| Current status of dissertation project | |
|  | Project is ahead of schedule |
|  | Project is behind schedule |
|  | Project is in the range of schedule |
| *Please report on the progress of the doctoral project during the past year (e.g. outcomes, achievements, progress, difficulties, milestones, deliverables, etc.). Please describe goals you have already achieved (cf. initial project outline, and/or last year’s progress report).* | |
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| Updated estimated schedule |
| *Please provide an estimated and updated schedule. If the project is ahead of schedule, please shortly indicate reasons and – if applicable - new plans for the remaining time. If the project is behind sched-ule, please shortly indicate reasons, how this affects the estimated schedule and – if applicable – list actions how to catch up with initial schedule or describe alternative plans. Please revise the schedule accordingly.* |
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| Current Status of the Conditions for the Successful Completion of the Doctoral Project |
| *Please shortly describe which of the initially listed conditions have already or have not been fulfilled (cf. initial project outline: conditions for the successful completion of the doctorate objectives of the first year). Should - e.g. on basis of the current progress - a revision of the conditions be necessary, please describe any changes comprehensively and transparently. It is important to maintain the mu-tual understanding on how the doctoral project can be completed successfully.* |
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| Objectives of the following year |
| *Please shortly outline the specific objectives which will be addressed during the upcoming year of the doctoral research project/thesis. These objectives should match the revised schedule.* |
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| In the course of the project, necessary changes regarding ethical clearance and/or animal experimentation have been made (Ethics vote / project/personal licence for animal experi-mentation). | | | |
|  | No |  | Yes |
| *In case of „Yes“, please attach the necessary documents to this progress report (Letter issued by the Ethics Committee (Amendements)/ Reference number issued by ZETT/ Name of applicant, Date, Reference number project/personal licence for animal experimentation, etc.).* | | | |
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| Updated proposed financing |
| *Please shortly describe – based on current plans – how the doctoral researcher will be financed for the remaining doctorate phase. Please document precisely if changes and/or uncertainties have come up regarding the original planning since initial or last planning. The main objective is that the planned financing concept remains comprehensive and transparent for every participant of the meeting.* |
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| Scientific and additional training/education | | |
|  | Seminar on good scientific practice was/will be attended on: | *Please enter Date/Time frame:* |
|  | The doctoral researcher will present the most recent results on a con-gress/symposium. | *Please enter Date/Time frame:* |
|  | The doctoral researcher has signed a Declaration of Commitment on the Confidentiality of Medical Information („Verpflichtungserklärung zum Patientendatenschutz“).The declaration is available on <www.graduiertenzentrum-medizin.hhu.de/en/graduate-center-medicine/downloads>. | *Please enter Date/Time frame:* |
|  | The doctoral researcher uses the laboratory notebook issued by the Medical Research School. |  |

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| (Optional) Additional Information/Agreements/Comments |
| *Please update/supplement any additional information/agreement/comments relevant for the doctorate phase (e.g. date of next advisory meeting (progress report)).* |
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| 3. Rules/principles on safeguarding good scientific practice |

The signees agree to continue to comply with the principles on safeguarding good scientific practice. These rules are part of the supervision agreement and can be found here: [www.graduiertenzentrum-medizin.hhu.de/en/graduate-center-medicine/downloads](file:///\\vmed.ukd\med\Graduiertenzentrum_Medizin\04%20-%20GZ%20Formulare\10%20-%20Fortschrittsberichte\2020-konsolidierte%20Fortschrittsberichte\www.graduiertenzentrum-medizin.hhu.de\en\graduate-center-medicine\downloads).

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| Place, Date |  | Signature of doctoral candidate |
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| Place, Date |  | Signature of thesis supervisor, official stamp of institute/clinic |
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| Place, Date |  | Signature of co-supervisor, official stamp of institute/clinic |
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| Place, Date |  | Signature of additional supervisor (if applicable), official stamp of institute/clinic |