**Intermediate Evaluation**

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| **Student**:  |  |
| **Thesis Director**: |  |
| **Thesis Title:** |  |
| **Beginning of your contract in the lab:** |  |
| **First semester in the PhD program:** |  |
| **Expected date for thesis defense:** |  |

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| --- |
| **Comments on the thesis project, report, oral presentation, originality, research plan, publication, recommendations:** |
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| **Comments on the doctoral school progress (credits ECTS earned so far, administrative points)** |
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**Exam: Passed: Yes □ No □**

**Thesis Committee**

Name Signature

President: ……………………………… ….……………………

Thesis Director: ……………………………… ……………………….

Thesis Co-director: ……………………………… ……………………….

Experts: ……………………………… ……………………….

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