



Care & Rehabilitation Sciences

Thesis Meeting Report Form

Name of student:

Date of meeting:

Participating members of the thesis committee:

Chair:

Number of meeting: ☐ First ☐ Second ☐ Third ☐ Later:

Decision: Did the student meet the requirements? ☐ Yes ☐ No

Is a repetition planned? ☐ Yes ☐ No

Did the student have the opportunity to talk to the committee members without his or her supervisor being present? ☐ Yes ☐ No

Summary & specific recommendations:

(State the progress of the project, major changes in the planned work and the key recommendations and decisions made by the committee. Insert pages if needed.)

Is this the last meeting before the defense?

☐ Yes ☐ No

If yes, does the committee agree that the project has reached the stage where a thesis can be written and that the student has a sufficient knowledge of his/her field to successfully defend the thesis?

☐ Yes ☐ No

If yes, what is the approximate date of the defense?

If no, what does the thesis committee recommend?

How many of the 12 compulsory credit points has the student already obtained?

Does the committee approve the obtained credit points?

☐ Yes ☐ No

If no, please specify:

Does the committee recommend attending specific courses? If so, which?

Agreement regarding publication(s) (e.g. agreement on number of manuscripts to be submitted or published up to the PhD defense and authorship):

Has the form "teaching activities" been handed in? ☐ Yes ☐ No

Please download the form from the web page Care & Rehabilitation Sciences.

Signatures of thesis committee members and student

Names & Signatures