

Thesis advisory committee (TAC) feedback form

Section 1

*to be completed by the doctoral candidate.

Doctoral candidate: _____.

Starting date of the doctoral degree project: / / .
Date (dd/mm/yy)

Project title: _____.

Project supervisor: _____.

1st advisor: _____.

2nd advisor: _____.

Department / Faculty: _____.

Are you already registered on the doctoral candidate list?

yes, since: / / ; no.
Date

Is this your first TAC meeting?

yes; no, previous meeting held on: / / .
Date

Academic record since the last TAC meeting:

Publications:

Oral and poster presentations:

Training programs / courses:

Section 2

*to be completed by the doctoral candidate (*left column*) and the TAC (*right column*).

Please set objectives and timelines for the doctoral project which are expected to be fulfilled until the next TAC meeting:

Objectives and timelines	
Suggestions by the doctoral candidate:	Opinion by the TAC:
	<input type="checkbox"/> agree <input type="checkbox"/> other suggestions:

Please suggest courses, workshops, lab visits, etc., which would be beneficial for the doctoral candidate, both for the current project and for long-term career goals:

Neuroscience techniques	
Suggestions by the doctoral candidate:	Opinion by the TAC:
	<input type="checkbox"/> agree <input type="checkbox"/> other suggestions:

Scientific soft skills / competencies	
Suggestions by the doctoral candidate:	Opinion by the TAC:
	<input type="checkbox"/> agree <input type="checkbox"/> other suggestions:

Section 3

*to be completed by the TAC.

Evaluation of the project presentation and discussion:

	Excellent	Good	Average	Fair	Poor	Comment
Quality of presentation						
Theoretical knowledge						
Methodological knowledge						
Project plan						
Project accomplishments						

Recommendations and suggestions regarding the current project plan and general scientific career:

Signatures:

Doctoral candidate

1st advisor

Supervisor

2nd advisor

Date and place: -----

Section 4

*to be completed by the doctoral candidate and sent separately to the GS Coordinator.

Is there something that should be discussed independent of your supervisor / advisors?

- yes;
- no.

If “yes”, a separate meeting should be scheduled within the next two weeks.

Please indicate which of the following persons should attend the meeting:

- Independent advisor: _____;
Name
- GS Brain Dynamics Coordinator Dr. Saša Jovanović;
- Doctoral students’ representative(s): _____;

_____;

In case of a conflict with the supervisor, advisor, other doctoral researchers, postdocs, or any other employee, there is the option of contacting the University’s conciliators in confidence:

<https://www.ga.uni-leipzig.de/en/quality-assurance/conflict-mediation-for-doctoral-and-postdoctoral-researchers>

They are available for impartial consultations. If conciliation is not possible, for example due to suspected academic misconduct, then the conciliator may, in consultation with you, refer the case to the Office of Ombudspersons at Leipzig University.

Signature:

Doctoral candidate

Date and place