APPROVED BY

...................................................

Curriculum Coordinator

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Date

**DOCTORAL STUDENT’S INDIVIDUAL STUDY PLAN 20…/20…**

|  |
| --- |
| **Institute:** Choose an Institute |
| **Curriculum:** Choose the Curriculum |
|  |
| Full name of the Doctoral Student |
|  |
| Title of the Thesis |
|  |
| Name(s) of Supervisior(s) |
| 20… / |
| Immatriculation year / year of the study periood |

**I STUDIES** (subjects)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Code | Title of Subject | ECP | Module | Semester(Fall/Spring) |
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**II RESEACH ACTIVITIES** (components of the curriculum module of doctoral thesis

according to the evaluation criteria approved by the doctoral council)

|  |  |  |
| --- | --- | --- |
| Component of the doctoral thesis module | ECP | Semester(Fall/Spring) |
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Total number of credits planned for the academic year 20…/20…: ........ECP

**III DESCRIPTION OF THE RESEACH ACTIVITIES UNDERTAKEN AS A PART OF DOCTORAL THESIS WRITING** (detailed description of the planned activities and studies with the preliminary assessment of the work load, participation in the academic conferences, seminars and other research related activities; etc.)

**Doctoral Student:** ...........................................................................................

(signature, date)

**Supervisor:** ...........................................................................................

 (signature, date)