**MID-TERM REPORT ON THE IMPLEMENTATION OF THE INDIVIDUAL RESEARCH PLAN No …….[[1]](#footnote-1)**

**Doctoral student:**

**Supervisor/Supervisors:**

**Auxiliary Supervisor:**

**Start of the educational program:**

**Provisional title of the doctoral dissertation in Polish:**

**Provisional title of the doctoral dissertation in English:**

*(might undergo changes / modifications after the mid-term evaluation)*

**Evaluation Committee Members:**

*(name and surname, affiliation)*

***….Head of the Committee:***

***….Secretary of the Committee***

***….Member of the Committee:***

**Date of the Evaluation Committee meeting:**

**RESULT OF THE MID-TERM ASSESSMENT**

*(positive or negative)*

**POSITIVE NEGATIVE**

**JUSTIFICATION**

*(please justify the assessment, as well as provide any comments and suggestions that may increase the substantive value of the research and improve its implementation; please provide the justification with at least 150 words):*

Warsaw, …………………………………….

*(dd/mm/yyyy)*

Signatures of the members of the Evaluation Committee:

*……………………………………………………… ………………………………………………………*

*Name and surname signature*

*……………………………………………………… ………………………………………………………*

*Name and surname signature*

*……………………………………………………… ………………………………………………………*

*Name and surname signature*

1. To be completed by the administration. [↑](#footnote-ref-1)