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| logo polskiePoznan University of Medical Sciences | Appendix 2 to the Communication No. 10/2022 of the Director of the Doctoral School of the Poznan University of Medical Sciences of June 2, 2022 |

**Doctoral School of the Poznan University of Medical Sciences**

**ANNUAL DOCTORAL REPORT**

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| **A. ANNUAL REPORT ON EDUCATION IN THE DOCTORAL SCHOOL FOR THE ACADEMIC YEAR:** (please enter year) | **20…../20…...** |
| **PhD STUDENT DATA** |
| FIRST NAME AND LAST NAME |  |
| ALBUM NUMBER |  |
| UNIT |  |
| YEAR OF BEGINNING EDUCATION AT THE DOCTORAL SCHOOL |  |
| **DOCTORAL DISSERTATION** |
| TITLE OF THE DOCTORAL DISSERTATION |  |
| SCIENTIFIC DISCIPLINE(underline appropriate) | medical sciences | pharmaceutical sciences | health sciences |
| PLANNED DATE FOR SUBMITTING THE DOCTORAL DISSERTATION(provide month and year) |  |
| **PROMOTER** |
| FIRST NAME AND LAST NAME |  |
| SCIENTIFIC DEGREE / TITLE |  |
| SCIENTIFIC DISCIPLINE / SCIENTIFIC DISCIPLINES (underline the appropriate - bold the basic discipline) | nauki medyczne | nauki farmaceutyczne | nauki o zdrowiu |
| UNIT |  |

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| **B. REPORT ON THE IMPLEMENTATION OF THE INDIVIDUAL RESEARCH PLAN** |
| **I. STATUS OF ADVANCE OF THE DOCTORAL DISSERTATION (DESCRIPTION - MAX. 150 WORDS)** |
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| **II. PUBLICATIONS**(**attachment: a printout from the bibliography of the PUMS Main Library or a photocopy of the publication with information on the date of publication and the full name of the journal**)(PROVIDE ONLY PUBLICATIONS THAT ARE ALREADY IN PRINT DURING THE REPORTING PERIOD, AND THOSE WHICH HAVE BEEN FINALLY APPROVED BY THE EDITORIAL - CONFIRMED WITH DOI NUMBER) |
| No. | AUTHORS | TITLE | JOURNAL TITLE / PUBLISHER’S NAME | BIBLIOGRAPHICAL DATA (year and month / volume / issue / pages - available data for an electronic journal) | IF / MNiSW POINTS | DOI |
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| **III. PARTICIPATION IN CONFERENCES**(attachment: a document confirming the presentation at the conference or a photocopy of the abstract from the book of abstracts) |
| No. | ORAL / POSTER PRESENTATION TITLE (underline appropriate) | AUTHORS | CONFERENCE NAME (please attach a link to the website with information about the conference) | ORGANIZER AND PLACE (enter the type of conference NATIONAL / INTERNATIONAL) | CONFERENCE DATE |
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| **IV. SCIENTIFIC PROJECTS / GRANTS (e.g. NCN, NCBIR, FNP)**(attachment: document confirming participation in the grant) |
| No. | NAME OF THE INSTITUTION | PROJECT TITLE / GRANT | TYPE OF GRANT | REALIZATION PERIOD | FUNCTION IN THE PROJECT |
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| **V. SCIENTIFIC INTERNSHIP RELATED TO THE DOCTORAL DISSERTATION (not applicable to vocational training)**(**attachment:** document confirming the completion of the internship) |
| No. | SCIENTIFIC INTERNSHIP RELATED TO THE PREPARATION OF THE DOCTORAL DISSERTATION (enter the type of internship DOMESTIC / INTERNATIONAL) | NAME OF THE INSTITUTION | PLACE | DURATION |
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|  |  |  |  |  |
| **VI. OTHER (ACTIVITIES IN THE CONFERENCE ORGANIZATION, ACTIVITIES FOR THE DEVELOPMENT OF SCIENCE AND TEACHING, OTHER)** |
| No. | TYPE OF ACTIVITY |
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| **C. REPORT ON THE IMPLEMENTATION OF THE EDUCATION PROGRAM** |
| **I. EXAMS AND CREDITS – ACCORDING TO THE ATTACHED PERIODIC PERFORMANCE CHART** |
| **II. VOCATIONAL TRAINING (TEACHING HOURS)** |
| No. | LIST OF CLASSES THAT THE DOCTORAL STUDENT HAS CONDUCTED INDIVIDUALLY AND IN WHICH HAS PARTICIPATED (COURSE NAMES AND NUMBER OF HOURS) |
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*(date of the report preparation) (legible signature of the PhD student)*

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| **D. EVALUATION OF THE ANNUAL REPORT BY THE PROMOTER / PROMOTERS** (underline appropriate) |
| POSITIVE ASSESSMENT | NEGATIVE ASSESSMENT |
| **EVALUATION OF THE PROMOTER / PROMOTORS IN DESCRIPTION** |
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 *(date) (personal stamp and signature of the promoter / personal stamps and signatures of promoters)*

List of annexes to the annual report:

1.......

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| **E. APPROVAL OF THE REPORT BY THE DIRECTOR OF THE DOCTORAL SCHOOL** |
| ⧠ I APPROVE | ⧠ I DO NOT APPROVE |
| **F. COMPLETION OF THE YEAR OF EDUCATION** |
| **YEAR OF EDUCATION AT THE DOCTORAL SCHOOL - ACADEMIC YEAR 20........./20.........**(please enter year) |
| ⧠ PASS | ⧠ CONDITIONAL PASS | ⧠ FAIL |
| NOTES / ASSESSMENT CONDITIONS: |

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*(date) (signature of the Director of the Doctoral School)*

*The Report form should be completed by computer and submitted in paper form after approval by the promoter or promoters. If there is no information, enter: "none" in the field. Columns A-C are completed by the PhD student, columns D - promoter / promoters, columns E-F - Director of the Doctoral School (PhD student completes only the year). Documents confirming the scientific activity are attached to the report.*