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| École Doctorale3MPLMatière, Molécules, Matériauxen Pays de la Loire | Annual Report to the « Comité de Suivi Individuel » about PhD works performed byPhD students in 1st yearThis file, completed by the PhD student every year, should be sent **before** **may 15th** to each of members of the « Comité de Suivi Individuel ».The scientific members are kindly asked to fill in the last page and forward it to local offices of the Doctoral School **before june 15th**. This referring is required for the re-registration of the PhD student.Return e-mail address (depending on the institution where the PhD student is registered, see below):  Université d’Angers : ed3mpl.cst@univ-angers.fr ; Université de Nantes : ed3mpl@univ-nantes.fr ; Université du Maine : ed3mpl.cst@univ-lemans.fr ; IMT Atlantique : ed3mpl@mines-nantes.fr |

**NAME and surname of the PhD student:**

**Date of first registration as PhD student:**

Financial support for PhD: University, CNRS, Région, CIFRE,ANR**,** other to be specified:

Doctoral Contract: (yes /no)

If yes, specify the additional mission carried out during the past years :

Salaried (full time, part time) : (yes /no).

#### Other position:

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#### Subject of the thesis:

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#### Primary institution of registration of the PhD student

University / School:

Laboratory or main research team to which belong the PhD student (name, sigle and number):

Supervisor:

Associated supervisor (if any):

Co-advisor (if any):

#### Secondary institution(s) of registration of the PhD student (if any)

University / School:

Laboratory or research team (name, sigle and number)

Associated supervisor (if any):

Co-advisor (if any):

University / School:

Laboratory or research team (name, sigle and number)

Co-advisor (if any):

#### Scientific members of the « Comité de Suivi Individuel »

Name, surname, e-mail, phone number:

Name, surname, e-mail, phone number:

**REPORT**

(fill the paragraph to a length-text restricted to 4 pages)

**Scientific background of the subject and project:**

**Summary of work done and context:**

#### Perspective and projects planned for the coming year:

**Summary of training followed:**

**Summary of the scientific and** **technical productions and communications**

**\* Internal presentation(s)** (specify date(s), audience and context)

**\* Poster presentation(s)** (specify title , date and place of the scientific meeting as well as the title and authors of the poster(s))

**\* Lecture(s) or Oral Communication(s) / congress proceedings** (indicate title, date, place and the title, authors and references)

**\* Publications in peer-reviewed journals** (specify title, authors, references) **or patents** (Title, co-authors, references).

**\* Communication actions public** (state title, date and place of the meeting(s) and type of action)

Date …………………….. , Place

Signature

# REPORT of THE « Comité de suivi INDIVIDUEL »

To be sent **before** **june 15th**, as attached pdf file of an e-mail to the local office of the Doctoral School of the PhD studentwith the mention: rCSI\_name of the student.

This report can be consulted by the PhD student, his (her) supervisors and by the Director of the Laboratory.

**NAME and surname of the PhD student:**

I, the undersigned,

**NAME and surname of the CSI member:**

**Address:**

, as member of the CSI of the above named PhD student and in view of his(her) annual report he(she) communicated to me on …................................., I express **the following opinion and advices**, owing to the objectives of the PhD project and of the remaining time:

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| --- | --- | --- | --- |
|  | **CRITERIA** | **ADVICE** | **COMMENTS** |
| - | ± | + |
| 1 | Knowledge of the subject |  |  |  |  |
| 2 | State of progress of the project |  |  |  |  |
| 3 | Identification of work packages, specific aims and project flow |  |  |  |  |
| 4 | Number / impact of oral communications |  |  |  |  |
| 5 | Number / impact of papers |  |  |  |  |
| 6 | Doctoral training |  |  |  |  |

 -: weakness / +: strength

As a consequence:

- **I recommend1 RE-REGISTRATION of the PhD student for the continuation of his(her) PhD work**

 recommendation or/and comments if desired :

- **I recommend1 A CSI MEETING FOR RE-EXAMINATION OF THE DRAFT PhD THESIS** for the following reasons:

 Date…………………………….. , Place

 Signature (if possible)

1 : Delete as appropriate