**INDIVIDUAL STUDY PLAN**

**In the Doctoral Degree Programme:**

Choose item.

Student:

Supervisor:

Consultant (if assigned):

Topic of dissertation:

Form of study: Choose item.

Beginning of study (academic year): Choose item.

Expected completion of study (academic year): Choose item.

|  |
| --- |
| Dissertation work procedure:  *(Main part of ISP; describe framework work plan)* |
| Study year 1  Study year 2  Study year 3  Study year 4 |

|  |  |
| --- | --- |
| GROUP A: Compulsory courses | |
| **Courses** | **Plan** |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |

|  |  |
| --- | --- |
| GROUP B: Core elective courses | |
| **Courses** | **Plan** |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |

|  |  |
| --- | --- |
| GROUP S: International placement, educational activity and professional activity\* | |
| **Courses** | **Plan** |
| International scientific-research placement (minimum of 30 days) | Choose item. |
| Educational activity 1 | Choose item. |
| Educational activity 2 | Choose item. |
| Other professional activities 1*Give examples of planned activities:* | Choose item. |
| Other professional activities 2*Give examples of planned activities:* | Choose item. |

|  |  |
| --- | --- |
| GROUP V: Scientific, publication and creative activity\* | |
| Outcome specification | **Plan** |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |
|  | Choose item. |

\*Awarding of credits for publication or other scientific-research activities is governed by the *Credit Allocation Guideline for Doctoral Degree Programmes*.

|  |  |
| --- | --- |
| GROUP Z: State doctoral examination and dissertation defence | |
| Courses | **Plan** |
| State doctoral examination | Choose item. |
| Defence of the dissertation project | Choose item. |
| Writing of the dissertation | Choose item. |

Place, date ……………………………………

Student’s signature

Place, date ……………………………………

Supervisor’s signature

Place, date ……………………………………

Signature of the Chairperson of the Subject Area Board