*Annex No. 2*

*To University of Lodz Doctoral School of Humanities Regulations*

UNIVERSITY OF LODZ DOCTORAL SCHOOL OF HUMANITIES

**REPORT ON THE IMPLEMENTATION OF INDIVIDUAL RESEARCH PLAN (IPB) WITH DOCTORAL ADVISER'S EVALUATION**

 First Name and Surname of the Doctoral Student …………………………………...………

 First Name and Surname of the Doctoral Adviser ……………………………………………

 IMPLEMENTATION OF RESEARCH TASKS AFTER YEAR I/ II/ III/ IV\*

|  |  |  |
| --- | --- | --- |
| **No. of Task** | **Short Description of Task Implementation** |  **Doctoral Adviser's Opinion**  (with a reference to Learning Outcomes) |
|  |  |  |
| **%****of Complete****Doctoral****Dissertation** |  |  |

 Signature of the Doctoral Adviser(s) Signature of the Doctoral Student

**Signature of the Director of University of Lodz Doctoral School of Humanities**

\* Cross out where necessary.