**POZNAN UNIVERSITY OF TECHNOLOGY DOCTORAL SCHOOL**

**INDIVIDUAL EDUCATION PROGRAM**

in the period of…*(dd.mm.yy)*... till…(*dd.mm.yy)*...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Names and surname: | |  | Discipline: | |
| Student ID: | |  | Year of studies: | |
| Contact phone no.: | |  | PhD dissertation supervisor (1): | |
| PhD dissertation supervisor (2): | |  | Auxiliary PhD dissertation supervisor\*: | |
| PhD student e-mail account: (in e-doktorant system) | |  | Faculty: | |

1. List of courses and selected lectures to be passed chosen from Education Program Framework and the offer of elective lectures (Series of lectures 1-4)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic year/  semester | Name of course | Person responsible for course | No. of hours | ECTS points |
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|  | | **Total** |  |  |

2. Professional practical training (up to 60h/academic year) required by Education Program Framework

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic year | Faculty providing classes | Type of classes | Didactic supervisor | Planned number of classes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total** |  |

3. Practical training in chosen scientific/research/industrial unit (min 2 months) required by Education Program Framework

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of unit | Address of unit | Type of unit | Planned completion period of practical training | Duration of practical training |
|  |  |  |  |  |

PhD student: .........................................................................................................................

Date and signature

I accept the proposed Individual Education Program.

Auxiliary supervisor\*: ...............................................................................................................................

Date and signature

Supervisor/Supervisors: ............................................................................................................................

Date and signature