|  |
| --- |
|  |



UNIVERSITY OF ZADAR

Postgraduate doctoral study

SEMESTRAL MENTOR'S REPORT ON PhD STUDENT'S PROGRESS

|  |  |  |
| --- | --- | --- |
| **MENTOR** | | |
| Mentor's title, name and surname |  | |
| Home higher education/scientific institution |  | |
| PhD student’s name and surname |  | |
| Identification number of the PhD student |  | |
| Name of the study |  | |
| Semester for which the report is made |  | |
| The evaluation of satisfaction with the meetings held with PhD student *(mark with an X)* | □ 1 - insufficient □ 2 - sufficient □ 3 - good □ 4 - very good □ 5 - excellent | |
| If the answer to the previous question is 1 or 2, explain and propose the possible improvements |  | |
| Is the work plan done and is the PhD student achieving progress according to that plan? *(mark with an X)* | The work plan is done  □ yes □ no | Progress achieved according to the work plan  □ yes □ no |
| If not, explain why and propose the possible improvements |  | |
| The evaluation of the quality of progress of the PhD student’s research work from the last report *(mark with an X)* | □ 1 - insufficient □ 2 - sufficient □ 3 - good □ 4 - very good □ 5 - excellent | |
| If the answer to the previous question is 1 or 2, explain and propose the possible improvements |  | |
| Comment on the PhD student’s progress from the last report *(if necessary)* |  | |
| **PhD STUDENT’S EVALUATION** | | |
| Evaluate *(mark with an X)* on the scale from 1 - 5 (1 - insufficient, 2 - sufficient, 3 - good, 4 – very good, 5 - excellent) | Preparation of the PhD student for consultations | □ 1 □ 2 □ 3 □ 4 □ 5 |
| Planning and implementation of the semestral research activities and professional specialisation | □ 1 □ 2 □ 3 □ 4 □ 5 |
| Progress in mastering the scientific research methodology | □ 1 □ 2 □ 3 □ 4 □ 5 |
| Writing and publishing of the scientific works | □ 1 □ 2 □ 3 □ 4 □ 5 |
| PhD student’s general relation to the study | □ 1 □ 2 □ 3 □ 4 □ 5 |
| Evaluation of the overall quality of the PhD student’s work *(mark with an X)* | □ 1 - insufficient □ 2 - sufficient □ 3 - good □ 4 - very good □ 5 - excellent | |
| If the answer to the previous question is 1 or 2, explain and propose the possible improvements |  | |
| **PROPOSAL OF THE CONTINUATION OF STUDY** | | |
| Can PhD student continue the study? *(mark with an X)* | □ a) Yes  □ b) Yes, with certain conditions  □ c) No | |
| If the answer to the previous question is b or c, explain |  | |
| Other mentor’s remarks and opinions *(if necessary)* |  | |
| Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

The filled-out form is to be delivered signed in print to the Office for Postgraduate Studies at the address: University of Zadar, Office for Postgraduate Studies, Ruđera Boškovića 5, 23000 Zadar