**Mentor:** Click here to enter text.

Graduate School for Health Sciences, Mittelstrasse 43 CH-3012 Bern

Graduate School
for Health Sciences

Evaluation Progress Report

**Name of PhD candidate:** Click here to enter text.

**Period (month/year): from** Click here to enter text. **to** Click here to enter text.

**Evaluation by the Mentor**

**Approval**: YES [ ]  NO [ ]

**Comments to be forwarded to the student**(concerning research plan, publications, course requirements, meetings with co-referee, 1st and 2nd year exam, etc.)

**Confidential comments to GHS**

**Please send the evaluation form to the** **info.ghs@unibe.ch** **email address with Dr. Padovani in CC. In case of some confidential information is mentioned, please send it directly to Dr. Padovani without the GHS in CC.**

**Place, date** **Signature**

Click here to enter text.