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

Graduate School, University Mittelstrasse, Mittelstrasse 43, 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 [x]  NO [ ]

**Comments to be forwarded to the student**(concerning research plan, publications, course requirements, meetings with co-advisor, mid-term evaluation, etc.)

**Confidential comments to GHS**

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

Click here to enter text.