**REPORT FOR MID-THESIS EXAM**

**To be filled in only by committee member(s) participating by videoconference\***

**To be returned to: mdphd@unil.ch**

**MD-PhD student** (Last Name, First Name):

**Thesis director** (Last Name, First Name):

**Thesis co-director** (Last Name, First Name):

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| 1. **Student’s understanding of the field of research**

 **(literature, methodology, importance of the work, its limits, …)** |
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| **2. The originality and progress of the experimental work** |
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| 1. **The potential for publication of results**

**(as original articles in international journals with editoral policy)** |
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| **4. Problems?** |
| [ ]  No problems to report [ ]  The following problems are to be reported: |

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| **5. Other comments** |
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**Name and surname:**

**Place and date:**

*\*acceptance for a remote participation has to be granted by the Doctoral school FBM prior to the exam.*