**Annexure [NUMBER] to the**

**RESEARCH AND TRAINING PLAN**

### Proposed amendments to the initial research and training plan

Based on the outcome of the CET meeting held on [DATE] in review of the work carried out by [DOCTORAL CANDIDATE NAME] , the Research and Training Plan will be updated for the following point(s):

[ ] Academic supervision (specify in the text box below)

[ ] Research project (specify in the text box below)

[ ] Training (specify in Table C below)

[ ] Other (specify in the text box below)

|  |
| --- |
| **Academic supervision** |
| *Please provide a brief explanation of the relevant changes to academic supervision as described in the initial Research and Training Plan.*  |
| Click here to enter text. |

|  |
| --- |
| **Research project**  |
| *Please provide a brief explanation of the relevant changes to the research project as described in the initial Research and Training Plan.*  |
| Click here to enter text. |

|  |
| --- |
| **Other** |
| *Please provide a brief explanation of the relevant changes to the other areas covered in the initial Research and Training Plan.*  |
| Click here to enter text. |

|  |
| --- |
| **Additional comments** |
| *Please use this space for additional comments if required.* |
| Click here to enter text. |

### Participation in completed trainings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line no.** | **Name of training** | **Validated credit points** | **Expected credit points** | **Category\*** |
| 1 | Click here to enter text. | Click here. | Click here. | Click here. |
| 2 | Click here to enter text. | Click here. | Click here. | Click here. |
| 3 | Click here to enter text. | Click here. | Click here. | Click here. |
| 4 | Click here to enter text. | Click here. | Click here. | Click here. |
| **Total Number of ECTS** |  |  |  |

\* Please indicate one of the following numbers: (1) disciplinary, (2) interdisciplinary; and (3) transferable skills.

### Planned trainings until next CET meeting

|  |  |  |
| --- | --- | --- |
| **Line no.** | **Name of training (and/or short description, as necessary)** | **Category\*** |
| 1 | Click here to enter text. | Click here. |
| 2 | Click here to enter text. | Click here. |
| 3 | Click here to enter text. | Click here. |
| 4 | Click here to enter text. | Click here. |

\* Please indicate one of the following numbers: (1) disciplinary, (2) interdisciplinary; and (3) transferable skills.

Date:

Signature:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Doctoral candidate: [NAME]  |  |  |
|  |  |  |
| Primary academic supervisor: [NAME] , [DEPARTMENT/INSTITUTION]  |  |  |
|  |  |  |
| Additional supervisor:  [NAME] , [DEPARTMENT/INSTITUTION]  |  | Additional supervisor:  [NAME] , [DEPARTMENT/INSTITUTION]  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| CET member:  [NAME] , [DEPARTMENT/INSTITUTION]  |  | CET member:  [NAME] , [DEPARTMENT/INSTITUTION]  |
|  |  |  |
| Doctoral school head:  [NAME] , [DEPARTMENT/INSTITUTION]  |  |  |