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

Graduate School, University Mittelstrasse, Mittelstrasse 43, 3012 Bern

Graduate School
for Cellular and
Biomedical Sciences

Evaluation Progress Report

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

**Period:** Choose an item.Choose an item. **to** Choose an item.Choose an item.

**Evaluation by the Mentor**

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

**Comments to be forwarded to the student**(Please **record your comments here for the student (do not leave blank)** concerning research plan, publications, course requirements, meetings with co-advisor, mid-term evaluation, etc. Comments in this section will be included in the copy of the evaluation sent to the students for their records.)

**Confidential comments to GCB**(Comments in this section will not be sent to student)

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

Click here to enter text.