**Individual Research Plan**

Name and surname of the doctoral student:

Year of admission to the Doctoral School:

Title, name and surname of the thesis advisor**:**

Department:

**• The thematic scope of the planned research** (suggested length: about half A4 page)

**• The objectives of the doctoral project and the manner of their implementation** (suggested length: up to two A4 pages)

**• Schedule for the implementation of the research plan tasks**

|  |  |  |
| --- | --- | --- |
| **No** | **actions taken** | **approximate completion date** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
|  |  |  |
| **…** |  |  |

* **learning schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **course title** | **USOS code** | **hours** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
|  |  |  |  |
| **…** |  |  |  |

* **teaching schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **course title** | **USOS code** | **participation form\*** | **hours** | **year** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
|  |  |  |  |  |  |
| **…** |  |  |  |  |  |

**\*** lecturer/co-lecturer

* Approximated date of submitting the dissertation:

PhD student signature

**I accept the above individual research plan**

supervisor / supervisors / auxiliary supervisor signature