



INDIVIDUAL STUDY PLAN – YEARLY EVALUATION

Prescribed tests – overview, fulfilment and changes

Subject-area board:

Form of study:

Name of student:

Year of study:

Supervisor:

Subject			Date of passing (year/semester)		Taught at (faculty)	Name of examiner	Result
			planned	fulfilled			
Compulsory subjects							
	Changes/measures						
	Changes/measures						
Language							
	Changes/measures						
Compulsory optional subjects							
	Changes/measures						
	Changes/measures						
	Changes/measures						



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Optional subjects					
Changes/measures					
Changes/measures					
Changes/measures					

Subject	Date of passing (year/semester)	
	planned	fulfilled
Scientific seminars		
Changes/measures		
Changes/measures		
Changes/measures		
Changes/measures		

Subject	Date of passing (year/semester)	
	planned	fulfilled
Internships		
Changes/measures		
Changes/measures		
Changes/measures		
Changes/measures		

Signatures

Student

Supervisor

Head of subject-area board

Date of control:

Proposal of the subject-area board to continue the study: YES | NO