Doctoral School of Social Sciences of the Jagiellonian University in Krakow

(SDNS UJ)

**Individual Research Plan**

PhD student’s name and surname:

PhD program in the discipline :

Degree/title and the name of the thesis supervisor/supervisors:

Degree/title and name of the auxiliary supervisor:

Date:

**(A) Description of the research project and the expected main effects of its implementation***(600 - 900 words, without bibliography )***:**

1. The problem and research hypothesis or research questions
2. The summary of the state of research in relation to the research problem
3. Planned methods to be used to solve the research problem
4. Bibliography

**(B) Planned tasks and activities related to scientific development (**planned tasks should take into account the schedule for preparation of the doctoral dissertation with the expected date of submission)

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| **TASKS** | **TIME LIMIT FOR COMPLETION** | **EXPECTED MEASUREMENT EFFECT AND HOW TO ASSESS IT**  **(filled by the supervisor)** |
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**(C) Goals planned for implementation during the first two years of participation in the SDNS as well as the tasks and activities necessary to achieve them**

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| --- | --- | --- | --- |
| **OBJECTIVES FOR SCIENTIFIC DEVELOPMENT** | **PLANNED ACTIONS** | **TIME LIMIT FOR COMPLETION** | **EXPECTED MEASUREMENT EFFECT AND HOW TO ASSESS IT**  **(filled by the supervisor)** |
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**(D) List of courses planned for implementation during the first two years of participation in the SDNS**

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| **COURSES**  **-course title or topics of planned activities** | **EXECUTION**  **(filled in by the supervisor)** |
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**……………………………….........................................**

**Date and signature of the PhD student**

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**Date and signature of the supervisor/supervisors**

**Opinions of doctoral committee members:**

1. The opinion of a doctoral committee member: ..........................................................................

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**........................................**

**Signature**

1. The opinion of the member of the committee: ..........................................................................

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**Signature**

1. The opinion of the auxiliary supervisor: ....................................................................................

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**Signature**

**Approved**

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**Date and signature of the doctoral program manager**