The Authority for Research Students

**Advisory Committee Conclusions – Meeting A**

Please fill out the form by typing in the gray fields.

The field will extend automatically while typing.

Handwriting will not be accepted.

**Meeting date:** Click here to enter a date.

**The student's name:** Click here to enter text.

**Department/school/faculty:** Click here to enter text.

**Research title (In Hebrew):** Click here to enter text.

**Research title (in English):** Click here to enter text.

**The committee was held:**

Face to face

Online

Other  Click here to enter text.

**Participants: (all the names of the supervisor/s and the advisory committee members should appear in the form).**

Committee's chair: **supervisor**: Click here to enter text.

Second supervisor (if relevant): Click here to enter text.

Member 1: Click here to enter text.

Member 2: Click here to enter text.

Member 3: Click here to enter text.

1. **A brief overview of the research plan:**

Click here to enter text.

1. **The issues that were discussed in the meeting, including comments, suggestions, and** **concerns of the committee's members:**

Click here to enter text.

1. **An assessment of the student's preparedness to perform the research plan:**

If in doubt, elaborate here or directly to the Authority for Research Students.

Click here to enter text.

1. **A summary of the decisions regarding the topic of the research and the proposed research plan (please elaborate on the different opinions in case of disagreements among the members of the committee):**

Click here to enter text.

**The Ph. D dissertation/thesis will be submitted in the following format:**

Monograph

A collection of articles (ASUPA)

Not yet determined

**Approval and/or recommendations for changes in the courses program under the Ph. D studies, including mandatory language courses (12 credits or more, if necessary):** Taking courses in the scope of over 20 credits may require additional tuition.

The Doctoral coursework program is approved

The Doctoral coursework program should be changed

Click here to enter text.

Click here to enter text.

|  |  |
| --- | --- |
| **Summary of Decisions** | **Please Mark** |
| **A**. We approve the title of the research and the proposed research plan, as submitted to the committee. |  |

If changes/revision is required, please see below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please Mark** | If the changes are approved, mark the sections below. | **Please Mark** |
| **B**. The title of the research should be changed. |  | **1**. The required corrections/revisions have been made. The revised research proposal and/or courses program is/are enclosed.  (Please indicate the revised version + revision date). |  |
| **C**. The proposed research plan should be changed according to the comments detailed in this report. |  | **2.** The committee members have seen and approved the revision. |  |

**Names of advisory committees and signatures:**

Supervisor (Chair): Click here to enter text. Signature: 

Name of second supervisor: Click here to enter text. Signature: A white square with a blue border

Description automatically generated

Name of advisory committee member: Click here to enter text.

Signature: 

Name of advisory committee member: Click here to enter text.

Signature: 

Name of advisory committee member: Click here to enter text.

Signature: 

**Declaration of the student:**

I Click here to enter text. (Name of the student) declare I have read the report of my advisory committee, and I will apply/have applied the committee's recommendations in my research.

The student's signature: 