



Scoring Sheet for iFIT Cluster of Excellence PhD Training Program

Name of doctoral student:

Name of supervisor:

PhD Training Program	Area	Date of Attendance / Submission	Signature
Letter of Support by Supervisor			iFIT Office _____
Introduction of Program (Orientation Day)	-	Year 1°:	iFIT Office _____
	-	Year 2°:	iFIT Office _____
	-	Year 3°:	iFIT Office _____
Regular attendance: Own data club°		Year 1°:	Print Surname
		Year 2°:	Print Surname
		Year 3°:	Print Surname
Data Club Area 1*		Year 1°:	Print Surname
		Year 2°:	Print Surname
		Year 3°:	Print Surname
Data Club Area 2*		Year 1°:	Print Surname
		Year 2°:	Print Surname
		Year 3°:	Print Surname
Week-long attendance: Lab Internship Area 1*			Print Surname
Reports: Lab Internship Area 1		Oral°:	Print Surname
		Written:	iFIT Office _____
Workshops (highly recommended to include the “Scientific Writing” workshop in your list of workshops)	Designation & Date:		iFIT Office _____
	Designation & Date:		iFIT Office _____
	Designation & Date:		iFIT Office _____
iFIT Lectures (50 % attendance of Seminar Series and Lunch & Learn Sessions/annually)	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____
iFIT Annual Retreat / Scientific Event	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____
iFIT Annual Symposium	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____
	-	Year __:	iFIT Office _____

Note. Elements with * have to be signed off by the iFIT PI, AI or group leader checking attendance/reports, all other elements will be signed off by the iFIT Office. It is advisable to save an electronic copy of this document regularly.



Scoring Sheet for iFIT Cluster of Excellence PhD Training Program PLUS*

Name of doctoral student:

Name of supervisor:

PhD Training Program PLUS*	Area	Date of Attendance / Submission	Signature
Letter of Motivation			iFIT Office _____
Project Description			iFIT Office _____
Proof of a Mentor			iFIT Office _____
iFIT Excellence Workshop	-		iFIT Office _____
2 nd Workshop (highly recommended to attend the "Advanced Scientific Writing" workshop)	Designation & Date:		iFIT Office _____
Week-long attendance: Lab Internship Area 2*			Print Surname
Reports: Lab Internship Area 2		Oral°:	Print Surname
		Written:	iFIT Office _____

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