



<b>D. Psych. (GT) COMMITTEE FOR PROFESSIONAL DOCTORAL THESIS PROPOSAL DEFENCE REPORT</b>	
<b>GENERAL INFORMATION AND PERSONAL CONTACT INFORMATION OF THE DOCTORAL CANDIDATE</b>	
Title, first and last name of the doctoral candidate:	
Scientist ID of the doctoral candidate:	
Provider of the study programme:	EAPTI GPTIM (MFHEA: 2014 - FHI - 020)
Name of study programme:	Professional Doctorate in Gestalt Psychotherapy
Dissertation proposal title and Mentor approved:	
Dissertation title in original language of the dissertation:	
Dissertation title in English:	
Area/Field:	
<b>MENTOR(S)</b>	
First Mentor:	Title, first and last name: Institution, Country: e-mail:
Second Mentor:	N/A
<b>COMMITTEE APPOINTED FOR PROFESSIONAL DOCTORAL THESIS PROPOSAL DEFENCE</b>	
1. Title, first and last name: Institution, country: e-mail:	
2. Title, first and last name: Institution, country: e-mail:	
3. Title, first and last name: Institution, country: e-mail:	

Date of verbal defence of the Doctoral Proposal: (day/month/year)	
Date of enrolment in the doctoral programme: (day/month/year)	
Professional Doctorate Dissertation defence planned for: (specify year and semester)	
Questions from Committee Members	1. 2. 3.
The quality of the Doctoral Thesis Research Proposal	
The quality of the Student's understanding of the research problem	
Discussion held during the exam	
Suggestions	
Grade (Circle)	PASS / FAIL  Members of the Committee: 1. Mentor (Title, Name and surname, Signature) 2. Methodologist (Title, Name and surname, Signature) 3. Independent Expert (Title, Name and surname, Signature)
Date and authorization (stamp and signature of person in charge):	
<p>..... (Date)</p> <p>..... (Full name and signature)</p> <p>Official stamp here: .....</p>	