



**CERTIFICATE  
HALF-WAY SEMINAR**

To:  
FUN's secretary  
HR-administrator, Faculty of Odontology

**Doctoral student's name** \_\_\_\_\_  
**Personal number** \_\_\_\_\_  
**Department** \_\_\_\_\_  
**E-mail address** \_\_\_\_\_

Recommendations/comments

**Activity, progress and  
quality of research** \_\_\_\_\_

Recommendations/comments

**Doctoral student's general  
development**  
*Independence, planning and  
ability to communicate  
research orally and in writing* \_\_\_\_\_

Recommendations/comments

**Supervision** \_\_\_\_\_

Is the individual study plan (ISP) up to date? Yes  No

Overall assessment of doctoral student's performance at the halfway seminar

Three most important recommendations/comments  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Extra follow-up by Associate Dean for Postgraduate Education recommended  
Yes  No

The undersigned has acted as the expert reviewer at the half-way seminar for the doctoral student named above.

**Signature of expert reviewer**

**Name**

---

---

Date \_\_\_\_\_

**Signature of main supervisor**

**Name**

---

---

**Signature of supervisor**

**Name**

---

---