**Feedback Form on the recommendations of the Thesis Monitoring Committee (CSI)**

 CSI 1 **□** CSI 2 **□** CSI 3 **□**

Doctoral student name and surname:

Lead supervisor name and surname:

CSI date:

1. **To be filled out by the doctoral student and the thesis supervisors**

*Joint response from the doctoral student/thesis supervisor/supervising team in light of the opinions and conclusions of the CSI, to be sent within 15 days following the CSI date, to the members of the CSI, and to be deposited on ADUM along with the written report and the CSI report.*