ANNEX 2. Form for Individual Study Plan (Individual Plan)

APPROVED BY

signature of head of curriculum

.....
day, month and year

Doctoral School of the Estonian Academy of Arts

INDIVIDUAL STUDY PLAN

20.../… academic year

.....
curriculum

.....
first and last name of doctoral student

.....
subject of doctoral thesis

.....
supervisor(s)/consultant

I. DOCTORAL STUDIES. **Year of matriculation: .....**

Academic year	**Semester**	**Name of subject**	**Credit points**	**Notes**
20.../…	Autumn Spring			

II. RELATED TO DOCTORAL THESIS

To submit the plan of activities related to the thesis for the 20…/.... academic year.
Information may be provided separately by semester, month, etc.

Planned activity in 20…/.... academic year

- **Autumn semester**
- **Spring semester**

Date: .....

Name and signature of doctoral student.....

Name and signature of supervisor.....

The doctoral student submits the completed and digitally signed individual plan as a PDF file by e-mail to the coordinator of the Doctoral School.