EDUCATION PLAN

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| A hallgató neve/ NAME of STUDENT::  | Képzési forma/ FORM :  |
| A fogadó tanszék/ DEPARTMENT:  | Témacsoport neve/ NAME of TOPIC GROUP:  |
| Témavezető neve, tudományos fokozata, beosztása/ SUPERVISOR:  |
| A választott téma megnevezése/ TITLE of TOPIC:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course unit | Activity  | Semesters | Total |
| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |  |
| I. Subjects | Obligatory course.unit: Production biology of horticultural crops |  |  |  |  |  |  |  |  | 6 |
|  | Obligatory course unit: Results of molecular plant biology and applications in horticulture |  |  |  |  |  |  |  |  | 6 |
|  | Obligatory course unit: Statistical methods |  |  |  |  |  |  |  |  | 6 |
|  | Obligatory course unit…. |  |  |  |  |  |  |  |  | 6 |
|  | Optional course unit….. |  |  |  |  |  |  |  |  | 4 |
|  | Optional course unit…..  |  |  |  |  |  |  |  |  | 4 |
|  | Optional course unit…..  |  |  |  |  |  |  |  |  | 4 |
|  | Optional course unit….. |  |  |  |  |  |  |  |  | 4 |
|  | *Total* |  |  |  |  |  |  |  |  | *40**(minimum 40)* |
| II. Research and publication activity | Independent research work conducted by the control of the supervisor (laboratory, field trials, measurements etc.). Self-training activities (external institutions, industrial professional practice, field experience, study trips etc.) |  |  |  |  |  |  |  |  |  *(minimum 115)* |
| Peer-reviewed article with IF |  |  |  |  |  |  |  |  |  |
|  | Peer-reviewed article  |  |  |  |  |  |  |  |  |  |
|  | Conference abstract |  |  |  |  |  |  |  |  |  |
|  | *Total* |  |  |  |  |  |  |  |  | *(minimum 30)* |
| III. Educational activity | Classroom excersises (2hours/week) |  |  |  |  |  |  |  |  |  |
|  | Field practice (1 day) |  |  |  |  |  |  |  |  |  |
|  | Degree thesis guidance |  |  |  |  |  |  |  |  |  |
|  | *Total* |  |  |  |  |  |  |  |  |  *(maximum 40)* |
| Total |  |  |  |  |  |  |  |  |  | **240** |

Dátum/ DATE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Témavezető aláírásaSUPERVISOR |  | Hallgató aláírásaSTUDENT |

A Kertészettudományi Doktori Iskola elnöke a képzési tervet 20. ……………….. hó …………. napján jóváhagyta / nem hagyta jóvá.

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|  |  |  |  | Zámboriné dr. Németh Évaa doktori iskola vezetőjeLEADER of DOCTORAL SCOOL |