**FINAL REPORT AND COURSE ANALYSIS:**

**DOCTORAL PROGRAMME IN DEVELOPMENT & REGENERATION**

This form is filled in by the course director after completed course and **sent to the programme director/coordinator of the doctoral programme in question** (who can later include specified data in the programme’s annual reporting).

**A. Course Details:**

|  |  |  |
| --- | --- | --- |
| **Course number** | **Course title** | |
| **Higher education credits** | **Time period** | |
| **Course director**  Name(s):  E-mail(s):  Phone number(s): | | **Other contributing teachers**  Name(s):  E-mail(s):  Phone number(s): |
| **Link to course evaluation report (full version)** | | |
| **Link to course evaluation report (short version)** | | |

**B. Course Participant Information:**

**Applicants**

*Enter the number of applicants for the course via KIWAS or via late applications*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **KI doctoral students** (or equivalent) | **KI postdocs** | **Doctoral students from other universities** | **Master’s students** | **Other** | **Total** |
| **Applicants via KIWAS** |  |  |  |  |  |  |
| **Late applicants** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

**Admitted**

*Enter the number of applicants who have been offered admission and accepted*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **KI doctoral students** (or equivalent) | **KI postdocs** | **Doctoral students from other universities** | **Master’s students** | **Other** | **Total** |
| **Number** |  |  |  |  |  |  |
| **Late dropouts**  <30 days before course start |  |  |  |  |  |  |

**Result**

*Ange antalet som deltagit i kursens alla obligatoriska moment, inklusive den summativa examinationen.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **KI doctoral students** (or equivalent) | **KI postdocs** | **Doctoral students from other universities** | **Master’s students** | **Other** | **Total** |
| **Number** |  |  |  |  |  |  |

**Please provide a list of all participants including their institutions/units and titles:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **ID number 6number** | **Pass/Fail** | **KI student?** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Analysis**

**C. Course Design and Evaluation**

**What’s your schedule for the course? Please paste it here if possible**

**Course exam: please briefly describe the examination**

**Any implemented changes since the previous course occasion**

**Short summary (in own words) of the participants’ feedback on the course**

*Based on the course evaluation report and any other feedback*

**Reflections on the course and the results of the course evaluation**

*Strengths, weaknesses, possibilities, limitations*

**Conclusions and suggested improvements (based on your student’s comments in the evaluation and your own thoughts)**

……………………………………………………………………………………………………………………………………………………

Written feedback to the course director on the course analysis is given by the doctoral programme in question that is responsible for the quality assurance of the course. The feedback can be appended to this course analysis.

**D. Course Expenses**

Please provide a breakdown of your costs below:

|  |  |  |
| --- | --- | --- |
|  | Cost | Comments |
| Administrative costs |  |  |
| Renting of premises |  |  |
| Travel/hotel arrangements |  |  |
| Speakers-allowance |  |  |
| Laboratory costs |  |  |
| Other |  |  |
| **TOTAL#** |  |  |

**#Please note the final cost includes INDI!**

**-Please provide your project account number for payment! We are planning to do “Intern bokföringsorder”**

***-* Notify** [Karolina.Kublickiene@ki.se](mailto:Karolina.Kublickiene@ki.se) and [linn.berg@ki.se](mailto:linn.berg@ki.se) when you have mailed your invoice.

**Thank you for your time & participation. We are so glad to have you in our team!**