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| **Z:\UNIVERSITY LOGO\aligned left mnu logo.jpg** | Higher Degrees Committee**Doctoral Annual Report Form** | Office Use |

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| **SECTION A:** To be completed by the student |
| **Student Name**  |  | **Student ID No**  |  |
| **Faculty**  |  |
| **Thesis Title**  |  |
| **Commencement Date** |  | **Expected** **Completion Date** |  |
| **Principal Supervisor** |  |
| **Co-Supervisors** (Name, Title and Affiliation) |  |
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| **Has a ‘Supervision Agreement’ been completed for EACH of the supervisor(s)?***Supervisory agreements are compulsory* | [ ]  **Yes** [ ]  **No** |
| **Status of Registration** | Active [ ]  | Full-Time[ ]  | Part-Time [ ]  |
| **Average number of hours in employment per week:** | Nil |

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| **SECTION B:** To be completed by the STUDENT after discussion of the progress with the supervisory panel. |
| 1. Have you met with your entire panel of supervisors regularly (at least twice) in the last twelve months? **□** Yes **□** No

*If “NO”, please provide details below, quantifying any disruptions to the progress of your research as a result of lack of supervision.* 1. What percentage of the thesis work is written, overall? 30% What percentage of time had elapsed of the normal duration? 50%
2. List major achievements during the last year (including papers published, chapters completed, overseas visits, seminars presented, awards, artistic compositions etc)

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1. Reflecting on the goals listed in your previous annual report or provisional year report, were any goals/tasks not achieved? If so, why?

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1. Comments on progress and achievements since the last report:

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1. List any significant factors that might affect the candidate’s ability to submit the thesis/creative work by the date identified above.

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| Not foreseen |

7. Rate your overall progress during the last year.**□** Very good **□** Satisfactory**□** Good **□** Unsatisfactory8. Highlight the major research goals to be undertaken during the coming year.

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| I plan to complete the remaining 30% of data collection and start writing chapter 4 and 5.  |

5. Supervision Qualitya. Have you submitted work to your supervisor/s? **□** Yes **□** No b. Have you received written feedback? **□** Yes **□** NoIf no to (a) or (b), please explain below:c. How often and by what means (e.g. email, face-to-face) is contact with your supervisor maintained?(monthly supervision meetings are expected) d. Are you satisfied with the frequency and means of contact? **□** Yes **□** NoIf no, please comment:e. Do you have any comments or concerns regarding your supervision? N.B. If you have any concerns regarding your progress or supervision which cannot be resolved in discussion with your supervisor, you should approach the PRC who will be able to put you in touch with the appropriate area for further assistance.6. List any resources needs or other issues that may be limiting your progress**I have discussed this section with my supervisor □** Yes **□** NoIf no, please comment: ……………………………………………………………………………………………………………………………………………*Please sign the CERTIFICATION AND SIGNATURE SECTION at the end of the report* |

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| **SECTION C:** To be completed by PRINCIPAL SUPERVISOR in consultation with student and the entire supervisory panel. |
| 1. I/We have discussed the progress of the student’s work with the student and the Head of Faculty

**□** Yes **□** No2. Overall quality of work of the candidate**□**  Very good **□**  Irregular but satisfactory**□**  Good **□**  Below acceptable standard **□**  SatisfactoryIf not very good or good what measures have you taken?

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2. Overall rate of progress of the candidate**□**  Very good **□**  Irregular but satisfactory**□**  Good **□**  Below acceptable standard **□**  SatisfactoryIf not very good or good what measures have you taken?

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3. How often and by what means (e.g. email, face-to-face) is contact with your student maintained? (monthly supervision meetings are expected)

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4. Are you satisfied with the frequency and means of contact? **□** Yes **□** NoIf no, please comment:

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5. Are there any issues of which the candidate or Dean / Head of Department should be aware? **□** Yes **□**NoIf yes, what are these?

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*Please sign the CERTIFICATION AND SIGNATURE SECTION at the end of the report* |
| **SECTION D: JOINT REPORT:** PLAN FOR THE NEXT REVIEW PERIOD. To be completed jointly by the Principal Supervisor and Student |
| 1. Please give an expected completion date: 17 June 2016

2. Is everything required (e.g., equipment, funds, ethics or other approvals) for completion by this date available?**□** Yes **□**NoIf no, please comment:

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3. Are there changes needed to the registration conditions/details listed on the front page of this report? **□** Yes **□** NoIf yes, please give details:

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4. Use the table below to schedule the remaining major goals/tasks and their timeline.

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|  | *Major goal or task* | *Date of expected completion of goal/task* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 etc |  |  |

5. Use the following table to provide details on the current status of the doctoral research.

|  |  |  |
| --- | --- | --- |
|  | *Chapter Title or topic (tentative) / Creative work stage* | *Status (tick)* |
| Final Form | In Preparation(% completed) | To Do |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 etc |  |  |  |  |

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| **CERTIFICATION AND RECOMMENDATION BY PRINCIPAL SUPERVISOR** |
| **I/We have discussed the comments and completed the joint report with the candidate □** Yes **□** NoIf no, please comment: …………………………………………………………………………………………………………………………………………………………**I have discussed the progress of the student with the supervisory panel □****I recommend that the candidate’s registration be:****□** continued **□** terminated *Please attach a Change of Conditions Form with details***□** continued subject to specified conditions as outlined below |
| **Principal Supervisor** (Name, Signature and Date) |  |  |  |
| **CERTIFICATION AND RECOMMENDATION BY DEAN/HEAD OF FACULTY/CENTRE** |
| Please comment on the candidate’s progress and proposed thesis submission date as appropriate. If any concerns have been raised by the candidate or supervisor, please indicate in a memorandum what action has been taken and what further action you recommend.**I recommend that the candidate’s registration be:****□** continued **□** terminated**□** continued subject to specified conditions as outlined below……………………………………………………………………………………………………………………………………………………………**I recommend that the alterations to registration be: □** approved **□** not approved |
| **Dean/Head** (Name, Signature and Date) |  |  |  |
| **Postgraduate Coordinator** (If the Dean is one of the Supervisors) |  |  |  |

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| **CERTIFICATION BY STUDENT** |
| **□** I certify that I have made my own assessment of the past twelve or so months’ work as indicated in **Section B** above. I have discussed my assessment with my Supervisor(s) and Head of Faculty, and agree with my supervisor(s)’ comments in Section C. **□** I disagree with the assessment of my progress by Supervisors/Faculty, and wish to submit a report in confidence to the Higher Degrees Committee. |
| **Student** (Name, Signature and Date) |  |  |  |

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| **APPROVAL BY HIGHER DEGREES COMMITTEE** |
|  **□** Candidature be continued as planned**□** Candidature to be Continued subject to attainment of recommendations made by Supervisory Panel and/or Faculty**□** Candidature be terminated |
| **Chair/Convenor** (Name, Signature and Date) |  |  |  |