**Doctoral Annual Report**

Student’s Name: Study Field/Study Program:

**SUPERVISOR**

**I recommend that the candidate’s registration be:**

[ ]  continued [ ]  terminated\* [ ]  continued subject to specified conditions as outlined below

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*\* Please attach a Change of Conditions Form with details*

**I have discussed my comments and completed the joint report with the candidate**  [ ]  Yes [ ]  No

If no, please comment: …………………………………………………………………………………………………………………………………………………

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I have recommended alterations to the candidate’s registration: [ ]  Yes [ ]  No

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*Main Supervisor (please print name) Signature Date*

 ...................................................... ……………………………

*Co-Supervisor where applicable (please print name) Signature Date*

**HEAD OF DEPARTMENT**

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

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**I recommend that the alterations to registration be**: [ ]  approved [ ]  not approved

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*Head of Department (please print name) Signature Date*

**ASSOCIATE DEAN (POSTGRADUATE)**

**I endorse the above recommendations** [ ]  Yes [ ]  No

Please note any issues which need to be referred to the Dean of Graduate Studies:

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*Associate Dean (Postgraduate) (please print name) Signature Date*

Student’s Name: Study Field/Study Program:

**CANDIDATE**

1. **List major achievements during the last year (including papers published, chapters completed, overseas visits, seminars presented, awards, artistic compositions etc)**
2. **Reflecting on the goals listed in your previous annual report or provisional year report, were any goals/tasks not achieved? If so, why?**
3. **Rate your overall progress during the last year.**

[ ]  a. Very good [ ]  c. Satisfactory

[ ]  b. Good [ ]  d. Unsatisfactory

1. **Highlight the major research goals to be undertaken during the coming year.**
2. **Supervision Quality**

a. Have you submitted work to your supervisor/s? [ ]  Yes [ ]  No

b. Have you received written feedback? [ ]  Yes [ ]  No

If 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 [ ]  No

If no, please comment:

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e. Do you have any comments or concerns regarding your supervision?

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1. **List any resources needs or other issues that may be limiting your progress**

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**I have discussed this section with my supervisor** [ ]  Yes [ ]  No

If no, please comment: ……………………………………………………………………………………………………………………………………………………………………………

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*Candidate (please print name) Signature Date*

Student’s Name: Study Field/Study Program:

**SUPERVISOR**

1. Overall quality of work of the candidate

[ ]  a. Very good [ ]  d. Irregular but satisfactory

[ ]  b. Good [ ]  e. Below acceptable standard

[ ]  c. Satisfactory

If (d) or (e) what measures have you taken?

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1. Overall rate of progress of the candidate

[ ]  a. Very good [ ]  d. Irregular but satisfactory

[ ]  b. Good [ ]  e. Below acceptable standard

[ ]  c. Satisfactory

If (d) or (e) what measures have you taken?

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1. 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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1. Are you satisfied with the frequency and means of contact? [ ]  Yes [ ]  No

If no, please comment: ……………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………. ………………………………………………………………………………………………………………………………………………………………….

1. Are there any issues of which the candidate or Head of Department should be aware? [ ]  Yes [ ]  No

If yes, what are these?

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*Please sign the front page of the report*

Student’s Name: Study Field/Study Program:

**JOINT REPORT**

1. Please give an expected completion date:
2. Is everything required (eg equipment, funds or other approvals) for completion by this date available? [ ]  Yes [ ]  No

 If no, please comment:

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1. Are there changes needed to the registration conditions/details listed on the front page of this report? [ ]  Yes [ ]  No

If yes, please give details:

……………………………………………………………………………………………………………………………………………………………….. .……………………………………………………………………………………………………………………………………………………………….

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

|  |  |  |
| --- | --- | --- |
|  | Major Goal/Task | Date of expected completion of goal/task |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

1. 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 |  |[ ] [ ] [ ]

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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