**Doctoral Annual Report**

Candidate’s Name: ID:

**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*

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*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*

Candidate’s Name: ID:

**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*

Candidate’s Name: ID:

**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*

Candidate’s Name: ID:

**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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