Progression Review Form

This form should be completed and submitted to the Doctoral School ([doctoralschool@royalholloway.ac.uk](mailto:doctoralschool@royalholloway.ac.uk)) along with all relevant documents.

**Part 1 – Enrolment Details:**

|  |  |
| --- | --- |
| Student Name and ID |  |
| Department: |  |
| Date of Initial Enrolment: |  |
| Date and Type\* of Previous Review Meeting: | Type of Review: Choose an item.  Date of Review: |
| Date and Type of Current Review Meeting: | Type of Review: Choose an item.  Date of Review: |
| Submission Deadline (Or Expected Submission Date if earlier) |  |

\*e.g. Upgrade, 9 month review etc.

**Part 2 – Project Details:**

|  |
| --- |
| **Working Thesis Title:** |
| **Description of Thesis:** |

**Part 3: Ethical Approval:**

Details of the College’s Ethical Approval Process can be found at:   
<https://intranet.royalholloway.ac.uk/staff/research/research-and-innovation/research-enterprise/ethics/home.aspx>.

|  |  |
| --- | --- |
| Have you read the information on the [College’s Ethical Approval Process](https://intranet.royalholloway.ac.uk/staff/research/research-and-innovation/research-enterprise/ethics/home.aspx) and discussed the ethical implications of your research with your supervisor? | YES/NO |

|  |  |
| --- | --- |
| The online ethics self-assessment: |  |
| The full ethical review form: |  |
| No action required\*: |  |

As an agreed outcome of that discussion, please indicate whether you have completed one of the following or whether no action was considered necessary:

\*it is recommended that all students complete at least the self-assessment, however in certain cases where there are clearly no ethical concerns, it may be permissible for students to not complete the self-assessment. All such cases must be confirmed in writing with the [Doctoral School](mailto:doctoralschool@rhul.ac.uk).

**Part 4: Generic Skills Training:**

|  |  |
| --- | --- |
| Has the student completed the required 5 days\* of research skills training? | YES/NO |

\*10 days in the case of the RCUK-funded students

|  |
| --- |
| Please attach a copy of the [Generic Student Training Log](https://intranet.royalholloway.ac.uk/doctoral-school/researcher-development/researcher-development.aspx) for the period since the last review. |

**Part 5: Supervisory Meetings:**- Are you happy with the regularity of supervisory meetings you are having at the moment? Choose an item.

- If you are not, how often would you like these to take place? Choose an item.

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| Please attach a copy of the [Supervisory Meetings Log](https://intranet.royalholloway.ac.uk/doctoral-school/pgr-student-lifecycle/quick-link-to-forms-for-pgr-students.aspx) for the period since the last review. |

**Part 6: Confirmation of Postgraduate Research Experience Survey Completion\*:**

\*To illustrate full engagement with your programme (including feeding into programme developments), we encourage students to complete the PRES and attach your completion certificate in the documentation. Please check in your departmental guidance document whether your department requests this.

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| Please attach a copy of the confirmation of completion receipt of the latest PRES survey**.** |

**Part 7: Annual Review Outcome:**

Please indicate the outcome of the annual review meeting using the boxes below.

|  |  |
| --- | --- |
|  | The student has made good progress |
|  | The student has made satisfactory progress, save for minor concerns in one or more areas. |
|  | The student has **not** made satisfactory progress. It is recommended that a further review should be conducted within \_\_\_ months. The Department/School should consider whether to issue a formal warning. |

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| **Rationale for Decision (please complete especially if the outcome is Satisfactory or Unsatisfactory):** |
| **Recommended Action(s) for Next Review:** |

**Part 8: Student’s Comments on Annual Review:**

|  |
| --- |
| *Please use this space for any comments you wish to make on the review. If you have no comments you wish to make, please indicate this.* |

**Part 9: Constitution of Panel**

|  |  |
| --- | --- |
| Name: | Role: (Supervisor / Advisor) |
|  | **Supervisor** |
|  |  |
|  |  |
|  |  |
|  | **Independent Panel member\*** |
|  | **Departmental Postgraduate Research Lead (If Applicable):** |

\*Please note that the form should be forwarded to [doctoralschool@royalholloway.ac.uk](mailto:doctoralschool@royalholloway.ac.uk) by the Independent Panel member confirming the panel agrees with the outcome indicated on the form. If the form is sent by another person, we will require official confirmation from the Independent Panel member that they are happy with the outcome.

**Part 10: Final Comments:**

|  |
| --- |
| *Please use this space to make any final comments from the panel. If your department has a Departmental Postgraduate Research Lead, they may wish to use this space for their additional remarks* |