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# Department of Geography

# Research Degree Student Annual Review Form

An electronic copy of this form, together with all supporting documents, should be uploaded to the shared network drive by the Lead Supervisor.

# Part 1 – Enrolment Details – To be completed by Lead Supervisor

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| **Department(s):** |
| **Student name:** | **Student ID:** |
| **Date of initial enrolment:** | **Expected submission date:** |
| **Degree for which registered at outset of review:****MPhil** [ ] **PhD** [ ]  | **Date of Annual Review:** |

# Part 2 – Details of Student Work – To be completed by Lead Supervisor

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| **Thesis working title:** |
| **Description of submission:** |

# Part 3 – Skills Training

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| **The Lead Supervisor should upload a copy of the Training Log for the past year.** |
| **Has the student completed the required 5 days of research skills training?****Yes** [ ] **No** [ ]  |

# Part 4 – Record of Supervisory Meetings

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| **The Lead Supervisor should upload a copy of the PGR Supervision Meetings Log for the past year.** |

**Part 5 – Review of Ethics Assessment – To be completed by Lead Supervisor**

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| **Has student has completed the necessary ethics evaluation form?****Yes** [ ]  **No** [ ]  |
| **Ethics approval number:**  |  |

## Part 6 – Outcome of Annual Review – To be completed by Lead Supervisor

Please tick one of the following boxes:

[ ]  The student has made satisfactory progress.

[ ]  The student has made adequate progress, save for minor concerns.

[ ]  The student has not made adequate progress. It is recommended that a further review be conducted\* and that the Department should consider whether or not to issue a formal warning.

 \* The deadline for this second review should be agreed in discussion between the student and the Lead Supervisor.

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| **Reasons for assessment (if progress is not satisfactory):** |
| Recommended action (including deadline for second review, if required): |

## Part 7 – Constitution of Panel and Signatures

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| **NAME** | **SIGNATURE** |
| **Student:** |  |
| **Supervisor 1:** |  |
| **Supervisor 2:** |  |
| **Supervisor 3:** |  |
| **Supervisor 4:** |  |
| **Adviser:** |  |
| **Independent staff member:** |  |

## Part 8 – Consideration of Review Outcome – To be completed byDirector of Graduate Studies

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| **Date of consideration:** |  |
| **Action to be taken:** |
| **Name:** |  |
| **Signature:** |  |