**Postgraduate study by Research**

**PROGRESS REPORT – April 2019**

**To be completed by Research Supervisor(s)**

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| **Supervisor Name** 1)**:** ----------------------------------------- --- 2) ------------------------------------------------------------ |
| **Student Name**: -------------------------------------------- **Department** : -------------------------------------------------------- |
| **Award:** MA  MBus  MEng  MSc  PhD |
| **Year of Postgraduate Study**: 1 2  3  4  5  6 |
| **Full Time**  **Part Time** |

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| **Title of Project**: |

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| Frequency of meetings with student:  Other, please specify: | | | Weekly  Monthly  Bi-Monthly |
| Have you formally assessed the work and progress of the student before completing this report?  Give details of assessment method(s): | | | Yes  No |
| Are there any serious problems with the research project?  If yes, give details: | | | Yes  No |
| Have you established a date for submission of the thesis?  If yes give specify the month / year: | | | Yes  No |
| Has the student presented or published their work in the last 6 months?  If yes give specify the month / year: | | | Yes  No |
| What is the extent of any external / workplace involvement in the project over the last six months? | | | No Involvement  Passive Support  Active Involvement |
| Resource input by industry / external source | | | |
| Comment: | | | |
| How satisfied are you with the student’s progress: | | Very Satisfied  Satisfied  Dissatisfied  Very Dissatisfied | |
| Do you consider that the work of the student is on schedule?  If yes, give details: | | Yes  No | |
| Additional Comments: | |  | |
| Have you established a date for submission of the thesis?  If yes give specify the month / year: | | Yes  No | |
| Module Requirement as part of research studies for students registered for a Masters or Doctorate programme after September 2015. Please give details of the module(s) you have undertaken: | **Module: Attended Successfully**  **Completed**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Supervisor signature:** |
| **Supervisor signature:** |
| Please check this box if you submitting the report electronically without a signature: |