Masters by Research 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/Type of current review meeting: |  |
| Submission deadline (or expected submission date if earlier) |  |

**Part 2 – Project details:**

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| **Working dissertation title:** |
| **Description of submission:** |

**Part 3: Generic skills training:**

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| Please attach a copy of the [Generic Student Training Log](http://preview.rhul.ac.uk/doctoral-school/assets/docs/doc/new-research-log.docx) for the period since the last review. |

**Part 5: Supervisory meetings:**

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| Please attach a copy of the [Supervisory Meetings Log](http://preview.rhul.ac.uk/doctoral-school/assets/docs/doc/pgr-record-of-supervisor-contacts.docx) for the period since the last review. |

**Part 5: Confirmation of Postgraduate Research Experience Survey completion:**

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

**Part 6: 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:** |
| **Recommended action(s):** |

**Part 7: Student’s comments on review meeting:**

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| *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 8: Constitution of panel and signatures**

|  |  |  |
| --- | --- | --- |
| Name: | Role: (Supervisor / Advisor / Independent panel member) | Signature\*: |
|  |  |  |
|  |  |  |
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|  |  |  |
| **Departmental Postgraduate Research Lead (if applicable):** |  |  |

\*Please note that we cannot accept solely typed signatures, if someone is unable to sign the form physically/electronically they will need to email their approval of the document to the Doctoral School ([Doctoralschool@royalholloway.ac.uk](mailto:Doctoralschool@royalholloway.ac.uk))

**Part 9: Final comments:**

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| *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* |