

**PGR Progress Meeting Report**

**Monthly for Full-time, every 2 months for Part-Time**

Please give the student, supervisors and school office a copy of this completed form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | | | | | | | | | |
| **Student ID** | STUD\_ID\_0 | STUD\_ID\_1 | STUD\_ID\_2 | STUD\_ID\_3 | STUD\_ID\_4 | STUD\_ID\_5 | STUD\_ID\_6 | STUD\_ID\_7 | STUD\_ID\_8 | STUD\_ID\_9 | STUD\_ID\_10 |
| **College** | **Science** | | | | | | | | | | |
| **School** | **Computer Science** | | | | | | | | | | |
| **Enrolment Date** | **31/07/2016** | | | | | | | | | | |
| **Student Status** | EU | | | | | | | | | | |
| **Mode of Study** | Full time | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by supervisor and student** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Programme** | PhD | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Date of meeting** | **06/06/2017** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Meeting format** |  | | Face to Face | |  | Telephone | | | |  | Email | |
|  |  | | Skype | |  | Other | Click here to enter text. | | | | | |
|  |  | | | | | | | | | | | |
| **End of period of registration** | **31/08/2019** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Summary of current situation (including identification of particular strengths and weaknesses and completion of actions from previous meeting** |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Summary of advice** | Click here to enter text. | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **Future training needs analysis and ethical approval issues** | | Click here to enter text. | | | | | | | | | |  |
|  | | | | | | | | | | | | |
| **Actions to be taken** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **By student** | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **By supervisor** | | Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Proposed date of next meeting** | | **06/06/2017** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***I certify this is a true record of the meeting. I also understand the University will retain a copy of this report on my student file for future reference if required.*** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Student signature** | |  | | | | | | Date | **06/06/2017** | | | |
|  | | | |  | | | | | | | | |
| **Supervisor signature** | |  | | | | | | Date | **06/06/2017** | | | |
| **Name** | |  | | | | | |  | | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **Supervisor signature** | |  | | | | | | Date | Click here to enter a date. | | | |
| **Name** | | Click here to enter text. | | | | | |  | | | |
|  | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **Supervisor signature** | |  | | | | | | Date | Click here to enter a date. | | | |
| **Name** | | Click here to enter text. | | | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name** |  | | | | | | | | | | |
| **Student ID** | STUD\_ID\_0 | STUD\_ID\_1 | STUD\_ID\_2 | STUD\_ID\_3 | STUD\_ID\_4 | STUD\_ID\_5 | STUD\_ID\_6 | STUD\_ID\_7 | STUD\_ID\_8 | STUD\_ID\_9 | STUD\_ID\_10 |
| **College** | **Science** | | | | | | | | | | |
| **School** | **Computer Science** | | | | | | | | | | |
| **Mode of Study** | Full time | | | | | | | | | | |



**PGR Progress Meeting Report – Supplementary Page**

***I confirm that I attended my PGR Progress Meeting on the date provided below:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student signature** |  | | **Date** | **06/06/2017** |
|  | |  | | |
| **Supervisor signature** |  | | Date | **06/06/2017** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Meeting format** |  | **Face to Face** |  | **Telephone** | |  | **Email** |
|  |  | Skype |  | Other | Click here to enter text. | | |

This page of the report needs to be sent to your PGR administrator, within one week of the meeting.