**Three month progress report for Master’s Thesis students**

Reference: Master’s Thesis Policy section 4.8

*The purpose of this report is to ensure that candidates are on track to complete their thesis within 12 months of full-time enrolment (24 months part-time). It is important that any potential issues are identified early and dealt with promptly. Please refer to sections 4.7.4 and 4.7.5 of the Master’s Thesis Policy for details of the responsibilities of supervisors and candidates. A further progress report must be completed at eight months of full-time enrolment. This form is also to be used for any ad hoc or additional reporting.*

SECTION A

Candidate’s last name: Student ID number:

First name: Scholarship/external funding: □ Yes □ No

Degree: Subject:

Enrolment status: □ Full-time □ Half-time

Thesis working title:

Supervisor’s name:

Second or co-supervisor (if applicable):

Date of enrolment for thesis:

Date research proposal approved by the School:

If not yet approved, please explain:

Date of ethics approval (if applicable): Ethics Application number (if applicable):

SECTION B

**To be completed by the candidate**

1. Are you aware of any issues or constraints which may delay the completion of your thesis? □ Yes □ No (go to question 2)

If yes, please specify:

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| --- |
|  |

2. How satisfied are you with your progress?

Please comment:

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| --- |
|  |

3. On average, how many hours per week (including weekends) have you dedicated to your thesis/research?

Enter the number of hours per week:

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| --- |
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**To be completed by the supervisor**

Is sufficient progress being made and does the quality of the work being done lead you to believe that the candidate can complete the thesis in the available time?

□ Yes (go to statement below ) □ No

If no, please comment:

|  |
| --- |
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**JOINT STATEMENT**

We confirm that any issues or concerns regarding timely completion of the thesis (see questions 1 and 2 above) have been discussed and there is a plan in place to address any issues or concerns.

Signed by the candidate: Date:

Signed by the supervisor: Date: ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECTION C

**To be completed by the Head of School or nominee**

□ No action required

□ Action required

If action is required, please specify:

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Enter date for completion of required action:

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| --- |
|  |

Name: Signature: Date:

SECTION D

**To be actioned by the School Office**

□ Copy sent to student Date:

□ Copy sent to supervisor Date:

□ Original to Faculty Office Date:

□ If there are conditions still to be met, send a COPY of this form

to the Faculty Office Date:

□ AND send the original once the conditions have been fulfilled. Date:

□ If the scholarship box in Section A is ticked, copy to Scholarships. Date: