FACULTY OF ENGINEERING

REVIEW OF PhD AND OTHER RESEARCH DEGREE CANDIDATES

SCHOOL OR CENTRE ________________________________________________________________

NAME OF CANDIDATE _____________________________________________________________

DEGREE _______ PROGRAM CODE _______ STUDENT NUMBER _________________________

INITIAL ENROLMENT DATE ______________________________

TOTAL NO. OF FULL-TIME SESSIONS ENROLLED __________

TOTAL NO. OF PART-TIME SESSIONS ENROLLED __________

PRESENT ENROLMENT STATUS (please tick)  
☐ Full-time  
☐ Part-time  
☐ External

SUPERVISOR: ___________________________________

CO-SUPERVISOR 1: ______________________________

CO-SUPERVISOR 2: ______________________________

DATE OF THIS REVIEW ___________________________

THIS IS REVIEW NUMBER _________________________

PANEL FOR THIS REVIEW

Presiding Member: ______________________________

Member 2: ______________________________

Member 3: ______________________________

PREVIOUS REVIEWS

<table>
<thead>
<tr>
<th>Review</th>
<th>Research Student Administration Notified on</th>
<th>Presiding Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. **HIGHER DEGREE CANDIDATES PROGRAMME**
   [Section A is to be completed by the candidate after consultation with the supervisor.]

1. **THESIS TOPIC:**

2. **BRIEF DESCRIPTION OF RESEARCH AREA, AIMS AND PLAN TO ACHIEVE AIMS**
   (plan should include broad time deadlines)

3. **ADDITIONAL TRAINING OR SKILLS ACQUISITION TO BE COMPLETED IN NEXT YEAR**

4. **THREE COMPULSORY COURSES UNDERTAKEN IN THE FIRST YEAR OF STUDY**
   (either proposed or completed)

<table>
<thead>
<tr>
<th>Course</th>
<th>Enrolled</th>
<th>Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **STATEMENT OF RESOURCES REQUIRED IN NEXT YEAR**

6. **CANDIDATE’S COMMENTS ON RESOURCE AVAILABILITY, SUPERVISION AND COURSE RESULTS**
B. RECOMMENDATION OF REVIEW COMMITTEE
(Section B is to be completed by the Presiding Member of the Review Committee after the review)

1. STATEMENT OF PROGRESS
   (a) Specific Achievements

   (b) Difficulties Encountered

2. RECOMMENDED ACTION
   (a) Courses to be Undertaken

   (b) Research Progress
3. **PROGRESS SUMMARY** (please tick) - as detailed in 2(b)

- [ ] UNSATISFACTORY
- [ ] MARGINAL
- [ ] SATISFACTORY

- [ ] SEMINAR GIVEN (AT LEAST FOR SECOND REVIEW)

  Date: ___________________

- [ ] A copy of this report has been given to the candidate by Head of School or Centre

The candidate has noted the content of this report and agrees/disagrees [delete one] with it.

**SIGNED:**

Candidate  ____________________________  ____________________________
  (signature)  (print name)

Supervisor  ____________________________  ____________________________
  (signature)  (print name)

Presiding Member of Review Panel  ____________________________
  (signature)  (print name)

Head of School or Centre (or nominee)  ____________________________
  (signature)  (print name)