**Six Month Review for Major Amendments and**

**Re-examinations:**

***students registered for all Research Degrees***

**SECTION A Student Details**

|  |  |
| --- | --- |
| Name of student: |  |
| Primary Supervisor/Director of Studies |  |
| Other Members of the Supervisory Team [with roles] |  |
| School [or equivalent]: |  |
| ID Number |  |
| Course [PhD, MPhil, EdD Part 2] |  |
| Full-time or part-time |  |
| Date of Initial Oral Examination |  |
| Outcome of Initial Oral Examination |  |
| Thesis Submission Deadline or Resubmission Deadline |  |
| Six month review dates |  |
| Deadline for Completion of this Form |  |

**SECTION B Confirmation that Required Procedures have been Undertaken**

*To be completed by the Primary Supervisor/Director of Studies, in liaison with those members of the Supervisory Team involved with post-examination supervision.*

*Select YES or NO in each case. If you have selected NO please expand on your answer in the Comments box*

|  |  |
| --- | --- |
| Did the Primary Supervisor/Director of Studies receive the report of the examiners within one week of the examination? | YES  NO |
| Did the student receive the report of the examiners within one week of the examination? | YES  NO |
| Did the Primary Supervisor/Director of Studies and Internal Examiner agree the supervision requirements for the resubmission period? | YES  NO |
| Has the student attended all required supervisory meetings in the resubmission period so far? | YES  NO  N/A |
| Has the student submitted a Supervisory Log covering all formally recorded supervisory meetings in the resubmission period so far? | YES  NO  N/A |
| Is the Supervisory Log AGREED by the relevant supervisors as a correct record of activity? | YES  NO  N/A |
| Have all members of the supervisory team required to undertake post-examination supervision seen this report and endorsed the contents? | YES  NO  N/A |

*Comments on any NO answers*

**SECTION C Judgements about the Student’s Progress**

*To be completed by the Primary Supervisor/Director of Studies, in liaison with those members of the Supervisory Team involved with post-examination supervision.*

**C1 Key Questions**

*Select YES or NO in each case. If you have selected NO please expand on your answer in the Comments box in D2.*

|  |  |
| --- | --- |
| Is the student on track to address the feedback from the examiners, and resubmit the thesis, by the submission deadline? | YES  NO |
| Are you confident that there is no indication that the student’s ability to resubmit on time might be affected by illness or other mitigating circumstances? | YES  NO |
| If the student has been ill, or has other mitigating circumstances, and you judge that these might affect the student’s ability to resubmit on time:   * have strategies for addressing this been discussed with the student? * has the student been informed that evidence would be required before any concession could be granted by the University, and if they do submit despite their circumstances, their work will be assessed strictly on merit? | YES  NO  N/A |

**C2 Comments on “NO” Answers to C1**

*If you have selected NO to any question in C1, please expand on your answers below.*

**SECTION D Outcome to be Recommended to the University**

*To be completed by the Primary Supervisor/Director of Studies, in liaison with those members of the Supervisory Team involved with post-examination supervision.*

**Select ONE outcome from the options below.**

|  |  |  |
| --- | --- | --- |
| **Outcome** | **Code** | **Comments** |
| On Track | CONTINUR | Student is on track to resubmit |
| Not on Track due to Unexplained Lack of Progress | CONCERNR | Student will be written to by the Registrar to outline the University’s concerns, and to require the student to discuss their circumstances with their Director of Studies by a specified date. |
| Potentially Not on Track, due to Mitigating Circumstances | CONCERNRM | Student will be written to by the Registrar to outline the University’s concerns, and to require the student to discuss their circumstances with their Director of Studies by a specified date. |

**SECTION E Declaration**

As Primary Supervisor/Director of Studies, I confirm that Sections A to D are factually accurate and represent the collective view of the Supervisory Team.

Name

Signature

Date

Remember to complete ALL Sections of this form, and answer ALL questions in each section.

For Hope Park students:

Email the completed form to [registrarsoffice@hope.ac.uk](mailto:registrarsoffice@hope.ac.uk),

cc [PGR@hope.ac.uk](mailto:PGR@hope.ac.uk).

For Partner Institution students:

Email the completed form to [registrarsoffice@hope.ac.uk](mailto:registrarsoffice@hope.ac.uk)

A copy should be emailed to the Partner Institution.

**Recommended outcomes from incomplete forms will not be confirmed by the Progression and Award Board**.