# [University of Surrey - Guildford](http://www.surrey.ac.uk/)Confirmation Review Form

# First Attempt

## *Section 1 – Personal details*

|  |  |
| --- | --- |
| Name of student |  |
| URN |  |
| Degree (please tick) | PhD  MD  EngD |
| Date of Viva |  |
| Faculty |  |
| Department/CDT |  |
| Name of supervisors |  |

## *Section 2 - Panel recommendations to be ratified by Associate Dean (Doctoral College)*

|  |  |
| --- | --- |
| The panel recommends that the student (please tick **ONE** option only): | |
| is **CONFIRMED** on PhD/MD/EngD registration (this might include some minor amendments to the report) |  |
| is **NOT CONFIRMED** on PhD/MD/EngD registration but is permitted to resubmit the confirmation report **without** a further oral examination |  |
| is **NOT CONFIRMED** on PhD/MD/EngD registration but is permitted to resubmit the confirmation report **with** a further oral examination |  |

|  |  |
| --- | --- |
| If the student is **NOT CONFIRMED**, please specify: | |
| The **deadline** for submission of the revised report  (normally three months full-time or six months part-time from the date of the first confirmation) |  |

|  |  |
| --- | --- |
| **Sign off by examination panel** | |
| First examiner name |  |
| First examiner signature |  |
| Second examiner name |  |
| Second examiner signature |  |
| Date |  |

## *Section 3 – Feedback*

Use the evaluation grid below to provide feedback on the student’s performance and project at this stage:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall project** | **Major concerns** | **Minor concerns** | **Satisfactory** | **Good** | **Excellent** |
| Suitability of research aims and objectives |  |  |  |  |  |
| Suitability of proposed methodology |  |  |  |  |  |
| Investment in personal development\* |  |  |  |  |  |
| Motivation and enthusiasm for the project |  |  |  |  |  |
| **Report and viva** | **Major concerns** | **Minor concerns** | **Satisfactory** | **Good** | **Excellent** |
| Knowledge of subject |  |  |  |  |  |
| Review of literature |  |  |  |  |  |
| Quality of writing |  |  |  |  |  |
| Ability to discuss, defend and critically analyse work orally |  |  |  |  |  |
| Standard of data collection (if applicable) |  |  |  |  |  |
| **Progress** | **Major concerns** | **Minor concerns** | **Satisfactory** | **Good** | **Excellent** |
| Progress to date |  |  |  |  |  |
| Suitability of research plan |  |  |  |  |  |
| Likelihood of on-time submission |  |  |  |  |  |

\*This includes attending local research activities such as seminars and presentations.

|  |
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| Confirm whether a **Data Management Plan** was submitted as part of the confirmation report: Yes  No |
| Please use the space below to provide written feedback to the student evaluating the strengths and weaknesses of the confirmation report and oral defence.  If the student is not confirmed please specify the weaknesses and provide detailed and specific guidance on what needs to be done to address these.  You must also offer feedback on the future direction and feasibility of the project. |
|  |

## *Section 4 – Faculty Sign-Off*

|  |  |
| --- | --- |
| **Supported by local PGR Director** | |
| Name |  |
| Signature |  |
| Date |  |
| **Approved by Associate Dean (Doctoral College)** | |
| Name |  |
| Signature |  |
| Date |  |