# University of Surrey - GuildfordConfirmation Review Form

# Final Attempt

## *Section 1 – Personal details*

|  |  |
| --- | --- |
| Name of student |  |
| URN |  |
| Degree (please tick) | PhD [ ]  MD [ ]   |
| Faculty |  |
| Department |  |
| Name of supervisors |  |

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

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| --- |
| The panel recommends that the student (please tick **ONE** option only): |
| is **CONFIRMED** on PhD/MD registration (this might include some minor amendments to the report) | [ ]  |
| is **allowed to submit for MPhil only** (this programme transfer will be processed by APESC) | [ ]  |
| has their registration **terminated** | [ ]  |

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| **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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| Please use the space below to provide written feedback to the student evaluating the strengths and weaknesses of the confirmation report and oral defence. You must also offer feedback on the future direction and feasibility of the project. |
|  |

## *Section 4 – Faculty Sign-Off*

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