Masters Degree Progress Form





Masters Degree Research Projects (120 point thesis)

The University of Auckland has a requirement for the approval of the Masters research topic as well as a mid-year review of progress.

The School of Medical Sciences is responsible for the following academic plans:

Master of Biomedical Science (MBiomedSc)

Master of Science in Physiology (MSc, Physiology)

Master of Science in Pharmacology (MSc, Pharmacology)

Master of Science in Pharmacology (MSc, Pharmacology)

Master of Science in Pharmacology (MSc, Pharmacology)

To administer this academic requirement the **SMS Masters Advisory Committee (MAC)** has been established with HoD nominated representatives from from SMS departments and disciplines:- Anatomy & Medical Imaging, Molecular Medicine and Pathology, Nutrition, Oncology, Pharmacology and Clinical Pharmacology, Physiology and the Auckland Cancer Society Research Centre. Representatives from the Liggins institute, the School of Medicine and the School of Biological Sciences are also members of this committee.

The SMS-MAC will meet at least twice a year to review new project proposals and to assess mid-year progress reports for approval by the relevant academic head.

All Masters research supervisors are required to ensure that (a) an initial outline of the project has been prepared with the student *prior* to the start of the project; and (b) that a mid-year review is completed.

Forms should be submitted to the SMS Group Services Coordinator v.moraes@auckland.ac.nz





Masters Degree Research Project

PROGRESS FORM

Semester 1 enrolment: progress report due 30 August
Semester 2 enrolment: progress report due 31 January
December enrolment: progress report due 30 April

- This form should be completed in consultation with your supervisor.
- The proposal is to be signed as indicated at the end of the form.
- Please save the form using your last name then first name followed by the semester and year you enrolled, e.g. **SMITH Jane**, **S1 2017**. Files can be submitted as a word doc or a pdf.
- The form should be submitted to Virginia Moraes, Building 505, Level 1, Room 501 102, Desk 5 or email (v.moraes@auckland.ac.nz)
- The SMS-Masters Advisory Committee will make a recommendation to the appropriate Academic Head and inform the appropriate academic line manager

Student:	
ID:	Degree: (delete as appropriate) MBiomedSc MSc (Pharmacology) MSc (Physiology)
Start date:	Full or part time:
Main Supervisor:	
Co-supervisor(s):	
Project Title:	

If ethics approval was pending at the start of your project please indicate the current status and/or approval number:
Any comments:
Have you prepared a substantial piece of written work to the satisfaction of your supervisor?
Vac (No (delete de engagista)
Yes /No (delete as appropriate)
If <u>yes</u> please indicate the nature of this piece of work.
If no places comment as to why not
If <u>no</u> please comment as to why not.
Have you received feedback on your work from your supervisor(s)?
Have you received feedback on your work from your supervisor(s)?
Have you received feedback on your work from your supervisor(s)? Experimental progress to date: (expand this section as required)
Experimental progress to date: (expand this section as required)
Experimental progress to date: (expand this section as required) Problems- if any: (expand this section as required)
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Experimental progress to date: (expand this section as required) Problems- if any: (expand this section as required) E.g. experimental/logistical difficulties etc. COVID-19 related delays: Specifically include the impact of COVID-19 restrictions (e.g. difficulty)
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Experimental progress to date: (expand this section as required) Problems- if any: (expand this section as required) E.g. experimental/logistical difficulties etc. COVID-19 related delays: Specifically include the impact of COVID-19 restrictions (e.g. difficulty working from home, lab access etc)
Experimental progress to date: (expand this section as required) Problems- if any: (expand this section as required) E.g. experimental/logistical difficulties etc. COVID-19 related delays: Specifically include the impact of COVID-19 restrictions (e.g. difficulty)

Masters Degree Progress Form	Page 4
Work to be completed: (expand this	s section as required)
Original timeline and any amendm (Expand as required)	nents to original timeline based on progress to date
Thesis submission must occur by • First semester enrolment – 28th F	
Second semester enrolment – 15	5 th July
December enrolment – 30 th Nove	ember
registered full time). Limited extensions to circumstances beyond the students' con	blete and submit your thesis <u>within</u> the 12 month period (if to this completion deadline can only be considered in exceptional <i>introl</i> . N.B. Eligibility for honours may lapse. If such exceptional JSS this with the SMS postgraduate director <u>well in advance of the</u>
thesis then the student should either: a) obta Or b) remove the material from the digital coprovided links to electronic sources of the ma	nt act of 1994. If figures or tables from publications have been included the in written permission to use the material and attach copies of each permission. The ppy of the thesis; fully reference the deleted materials and, where possible, iterial. Further information on the thesis consent form and copyright can be urrent-students/cs-current-pg/cs-current-pg-policies/cs-pg-non-doctoral-
Sciences Student Centre, Grafton campus.	.e. MBiomedSc) must submit their thesis at the Faculty Medical and Health 16 or PHYSIOL 796 (i.e. MSc) must submit their thesis at the Faculty of ampus.
This progress report was prepared by	
STUDENT NAME	
SIGNATURE	_ Date
In consultation with:	
Supervisor	
SIGNATURE	DATE

Student name:	Principal Supervisor:		
ID:			
CONTIN	-N		
CONFIDENTIAL			
A separate copy of this section should be completed by BOTH the supervisor and the student and submitted to the SMS group services coordinator (Virginia Moraes v.moraes@auckland.ac.nz)			
☐ I am satisfied with the progress so far			
☐ I am NOT satisfied with the progress so far			
please tick appropriate box			
name: signature:	date:		
Comments (if required)			
RECEIVED SMS-MASTERS ADVISORY COMMITTEE DATE			