| Doctoral Annual Report | | | | |
|---|--------------------------------|----------------|------------------|--|
| Please note: A different form is | required for the Doct | oral Provision | al Review Report | |
| Candidate's Name: | | ID: | | |
| SUPERVISOR I recommend that the candidate's registration be: continued terminated Please attach a Change of Conditions Form with details continued subject to specified conditions as outlined below | | | | |
| I have discussed my comments and completed the jo If no, please comment: | pint report with the candidate | Yes 🗌 | No 🗌 | |
| I have recommended alterations to the candidate's re | egistration: | Yes 🗌 | No 🗌 | |
| Main Supervisor (please print name) | Signature | D | ate | |
| Co-Supervisor where applicable (please print name) | Signature | D | ate | |
| | HEAD OF DEPARTMENT | | | |
| Please comment on the candidate's progress and propos candidate or supervisor, please indicate in a memorandu | | | | |
| I recommend that the candidate's registration be: continuedterminated continued subject to specified conditions as | outlined below | | | |
| I recommend that the alterations to registration be: | approved 🗌 no | ot approved | | |
| Head of Department (please print name) | Signature | D | ate | |
| ASSO | CIATE DEAN (POSTGRADI | JATE) | | |
| I endorse the above recommendations | yes 🗆 no | | | |
| Please note any issues which need to be referred to the I | Dean of Graduate Studies: | | | |
| Associate Dean (Postgraduate) (please print name) | Signature | C | Date | |

| CANDIDATE Please note that all postgraduate policies and guidelines are available at: <u>www.auckland.ac.nz/postgraduate</u> | | | | | |
|---|---|--|-----------------------------------|-----------------------------------|--|
| | Candidate's Name: | | ID: | | |
| 1. | 1. List major achievements during the last year (including papers published, chapters completed, overseas visits, seminars presented, awards, artistic compositions etc) | | | | |
| 2. | 2. Reflecting on the goals listed in your previous annual report or provisional year report, were any goals/tasks not achieved? If so, why? | | | | |
| 3. | Rate your overall progress during the a. Very good b. Good | last year. c. Satisfactory d. Unsatisfactory | | | |
| 4. | Highlight the major research goals to | be undertaken during the comin | ıg year. | | |
| 5. | Supervision Qualitya. Have you submitted work to yourb. Have you received written feedbarIf no to (a) or (b), please explain b | ck? pelow: | Yes 🗌 Yes 🔲 | No 🗌 No 🔲 | |
| | c. How often and by what means (e. (monthly supervision meetings are | - | t with your supervisor maintained | l? | |
| | d. Are you satisfied with the frequent If no, please comment: | cy and means of contact? | Yes 🗌 | No 🗌 | |
| | e. Do you have any comments or co supervision which cannot be resol 86899, email postgradinfo@auckl | lved in discussion with your sup | ervisor, you should approach the | e School of Graduate Studies (ext | |
| 6. | List any resources needs or other issu | ues that may be limiting your pro | ogress | | |
| | I have discussed this section with my supervisor Yes No I If no, please comment: | | | | |
| Candi | date (please print name) | Signature | Da | ite | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | SUPERVISOR | | | | |
|----|--|-----------------|-------------|--|--|
| | Please note that all postgraduate policies and guidelines (including Senate Guidelines on Supervision) are available at: www.auckland.ac.nz/postgraduate | | | | |
| 1. | Overall quality of work of the candidate a. Very goodd. Irregular but satisfactory b. Goode. Below acceptable standard c. Satisfactory If (d) or (e) what measures have you taken? | | | | |
| 2. | overall rate of progress of the candidate a. Very good | | | | |
| 3. | How often and by what means (e.g. email, face-to-face) is contact with your student maint meetings are expected) | ained? (monthly | supervision | | |
| 4. | Are you satisfied with the frequency and means of contact? If no, please comment: | Yes 🗌 | No 🗌 | | |
| 5. | Are there any issues of which the candidate or Head of Department should be aware? If yes, what are these? | Yes 🗌 | No 🗌 | | |
| | Please sign the front page of the report | | | | |
| | | | | | |
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| | | | | | |

| | JOINT REPORT | | |
|----|--|----------------------------|-----------------|
| | | | |
| 1. | Please give an expected completion date: | | |
| 2. | Is everything required (eg equipment, funds, ethics or other approvals) for completion by th | is date available? | |
| | If no, please comment: | Yes 🗌 | No 🗌 |
| 3. | Are there changes needed to the registration conditions/details listed on the front page of the lf yes, please give details: | nis report? Yes 🗌 | No 🗌 |
| 4. | Use the table below to schedule the remaining major goals/tasks and their timeline. | | |
| | Major Goal/Task Da | ate of expected completion | on of goal/task |

| | Major Goal/Task | Date of expected completion of goal/task |
|-------|-----------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 etc | | |

5. Use the following table to provide details on the current status of the doctoral research.

| | Chapter Title or topic (tentative) / Creative work stage | Status (tick) | | |
|-------|---|---------------|---------------------------------|-------|
| | | Final Form | In Preparation (% completed) | To Do |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 etc | | | | |

6. Comments on progress and achievements since the last report:

7. List any significant factors that might affect the candidate's ability to submit the thesis/creative work by the date identified above.

PReSS Account – indicative budget

| Current available balance | \$ |
|---------------------------|----|
| | |

Proposed Expenditure:

| | Current year | Next year | Following year |
|----------------------------------|--------------|-----------|----------------|
| Consumables | \$ | \$ | \$ |
| Conference travel costs | \$ | \$ | \$ |
| Research travel/Field trip costs | \$ | \$ | \$ |
| Photocopying and printing | \$ | \$ | \$ |
| Other (please describe) | | | |
| | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

Approved by supervisor:

Signature: