**FORM RD6**

**REPORT ON RESEARCH STUDENT PROGRESS (Progress Review)**

*This form should be accompanied by*

* A list of activities and training events undertaken since the last progress review.
* A copy of the supervision agreement

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| 1 STUDENT DETAILS |
| Name | Click or tap here to enter text. |
| Matriculation number | Click or tap here to enter text. |
| School  | Choose an item. |
| Director of Studies | Click or tap here to enter text. |
| Date of registration | Click or tap to enter a date. |
| Current target degree | Choose an item. |
| Mode of study | Choose an item. |
| Date of last RD6 |  |

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| 2 THESIS AND VIVA |
| Thesis title | Click or tap here to enter text. |
| ***EXPECTED DATE OF SUBMISSION*** | Click or tap to enter a date. |
| *Has the application for approval of exam arrangements* ***(RD12)*** *been submitted?*  | Choose an item. |

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| 3 PROGRESS REVIEW DETAILS  |
| Date of review | Click or tap to enter a date. |
| **Review Panel** |
| Name | Role | **PRESENT?** |
| Click or tap here to enter text. | Independent Panel Chair | [ ]  |
| Click or tap here to enter text. | Choose an item. | [ ]  |
| Click or tap here to enter text. | Choose an item. | [ ]  |
| Click or tap here to enter text. | Choose an item. | [ ]  |

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| 4 PANEL’S REPORT **to be completed by Independent Panel Chair**  |
|  *Comment on progress made since the last review (please attach additional sheets if necessary)* |
| Click or tap here to enter text. |

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| 5 RESEARCH STUDENT STATEMENT  |
| I have discussed my progress with the panel and agree with the comments made in sections 4 and 6 |
| Student signature |  |
| Date | Click or tap to enter a date. |

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| 6 Director of Studies Comments/Feedback **to be completed by Director of Studies****To caputure any comments not included in the IPC report, particularly pertaining to training/development requirements** |
| **6.1** The student’s Vitae online RDF plan was reviewed at this meeting Choose an item. |
| **6.2** The student is attending appropriate training events/seminars Choose an item. |
| **6.3**  Please provide a brief summary of the panel’s assessment of the student’s personal and professional development. Is it appropriate for the stage of study? Is the student exhibiting the skills/knowledge learned? Are training needs being met? |
| Click or tap here to enter text. |

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| 8 FINANCIAL IMPLICATIONS OF RECOMMENDATION **to be completed by DoS** |
| Is the student in receipt of a stipend? Choose an item. |
| Will stipend payments be affected by the Panel’s recommendation? Choose an item.**IF ‘YES’, A STIPEND STOPPER FORM MUST ALSO BE COMPLETED AND SENT TO:**Research Degrees Officer, Room H18, Merchiston Campus/ researchdegrees@napier.ac.uk  |

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| 9 PANEL’S RECOMMENDATION **to be signed by all members of the panel present at the review** |
| **We have met with the student, discussed progress so far and recommend that:**Choose an item. |
| Additional details for recommendation (b) : change of target degree* The candidate should be registered forChoose an item.
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| Additional details for recommendation (c) : refer |
| * The report must be resubmitted by Click or tap to enter a date. \*\*
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| * The panel will meet again to review this on Click or tap to enter a date.

\*\**The candidate has up to three months (Reg. D7.4) to revise the progress report for a repeat review* |
| Signature of Independent Panel Chair |  |
| Print name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| 10 FORMAL APPROVAL OF THE PANEL’S RECOMMENDATION |
| I confirm that the recommendation above has been approved by the School Research & Innovation Committee  |
| **Signature of School Research Degrees Leader**Print nameDate |  |
| Click or tap here to enter text. |
| Click or tap to enter a date. |

**Once completed and signed, this must be emailed to the appropriate School Contact:**

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| SACIdoctoralcollege@napier.ac.uk  | SCEBEdoctoralcollege@napier.ac.uk | SASdoctoralcollege@napier.ac.uk |
| SHSCdoctoralcollege@napier.ac.uk  | TBSdoctoralcollege@napier.ac.uk |  |