**Appendix 4**

School of Microbiology Postgraduate

**Annual Review Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student number |  |
| Commencement Date |  | MSc/PhD  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What period does this report cover?** | Yr 1 | Yr 2 | Yr 3 | Other (explain) |

|  |
| --- |
| Thesis Committee |
| Supervisor |  |
| Co-supervisor(s) |  |
| Advisor |  |

|  |  |
| --- | --- |
| Date of Meeting with thesis committee |  |

|  |
| --- |
| Programme Requirements (Please tick; supervisor to initial to confirm) |
| Meeting with thesis committee |  |
| Learning Plan submitted (with updated research and training objectives) |  |
| Satisfactory attendance/completion of training modules (please indicate modules/credits completed in box below) |  |
| Total no. of demonstrating hours completed (cumulative) |  |
| Confirmation of 18-month presentation (where applicable) |  |
| Presentation of poster at School of Microbiology Research Day |  |

**Comments**

**Dissemination activities over last 12 months (including papers, pre-prints, posters, conferences)**

**Education and Outreach activities over last 12 months (including Open Days, school visits etc)**

**Additional learning, training and personal development opportunities over last 12 months**

**Student report**

**Thesis committee report**

Recommendation of the thesis committee (tick one box)

Proceed with PhD

Meet with committee again to review progress

(indicate time-frame)

Signatures

Student Date

Supervisor Date

Co-Supervisor(s)

Advisor