

**Research & Graduate Studies Committee (RGSC) Annual Postgraduate Log/Event Diary**

The form should be completed by the postgraduate student and signed off by supervisor(s) on an **annual** basis.

**Name:** **Student Number**: **PhD Year:**

**PhD Title:**

The School of Pharmacy has adopted the following general guidelines as recommended annual progress review milestones for research graduates students:

* End of Year 1 – complete a Progress review (oral viva assessment by two independent examiners)
* End of Year 2 – provide evidence of scientific publication skills e.g. either a Poster accepted for presentation at a national/international conference or a research publication accepted in a PEER reviewed journal)
* End of year 3 - provide evidence of scientific presentation skills e.g. an oral presentation at either a School, College, National or International conference
* In addition:
  + all PhD students are expected to attended seminars/training events as recommended by their supervisors and
  + Complete a minimum level of 15 ECTS credits training, by registering for Postgraduate Training Modules.

**Annual Postgraduate Log/Event Diary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Event type e.g. Poster, Review paper or Research paper or progress review (viva) or oral presentation | Title (e.g. Poster, Paper or Presentation) | Event details e.g. Name of conference, Name of journal, DOI if applicable etc | Date completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Attendance at Conference/Seminars/training events during the last year**

|  |  |  |
| --- | --- | --- |
| Date | Conference/Seminar/training events | Participation details e.g. Poster, Oral presenting, training and/or networking |
|  |  |  |
|  |  |  |
|  |  |  |

**Taught Modules taken (if applicable)**

|  |  |  |
| --- | --- | --- |
| Module  Code | Module Title and number of credits | Date completed |
|  |  |  |
|  |  |  |

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed forms to the School Manager by the 30 September each year. *Annual log of activities V3*