**Interim Progression Review - Supervisor Feedback**

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| Student name: |  |
| Student ID number: |  |
| Programme name: |  |
| Academic Unit: |  |
| Supervisor/s: |  |

*This form would normally be completed by the main supervisor. However, in the case where there is a co-ordinating supervisor in addition to the main supervisor, it should be completed by the co-ordinating supervisor. The co-ordinating supervisor must be a University of Southampton staff member.*

According to the Code of Practice (<http://www.calendar.soton.ac.uk/sectionV/code-practice.html>), **part-time students who have not undergone a Progression Review in the previous twelve months of candidature should undergo an Interim Progression Review.**

Interim Progression Reviews cannot lead directly to termination, however they are formal points in a student’s candidature and should be treated as such. As a minimum, students will be given written feedback and, if necessary, guidance on actions to be taken to support progress in their candidature. An unsatisfactory Interim Progression Review may lead to an Exceptional Progression Review.

**Instructions:**

Your student has now submitted their Interim Progression Review Report, review of Academic Needs Analysis, and updated training record for review. These should be viewed by all members of the supervisory team and **a review meeting with the student and the supervisory team should then take place.** This should usually involve all members of the supervisory team but at least two members should be present.

The review meeting should include, as a minimum, a review of progress since the last Progression Review, a review of the Academic Needs Analysis, and, where relevant, details of the student’s plans to submit the thesis.

Once the meeting has taken place, please complete the form below then forward it to the Graduate School Office. Please circle/delete as appropriate. **Questions marked with an asterisk are mandatory.**

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Following the review meeting, please complete the form below with your feedback to the student. Your feedback should include comments on the student’s progress, and, if applicable, guidance on further actions to be taken.

**\*** Has the student fulfilled all required training and completed the quarterly activity reports?YES/NO

If NO, please give details:

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\* Date of Review Meeting

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**Supervisor Feedback**

Please type your report in the box below or submit a separate document with this form

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**If there are any issues or concerns that the Graduate School Directorate need to be aware of, please tick this box and comment on these below**

(Please note: students can view all comments)

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| --- | --- |
| Supervisor’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Student Review**

**Instructions**

Please review the supervisor feedback and guidance on further actions (if applicable).

Once you have reviewed the supervisor feedback, please complete this form and forward to the Faculty Graduate School Office.

**Please Note: you are required to tick the statement below and submit this form in order to continue your registration on your programme of study.**

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**Please tick to confirm you acknowledge the supervisor feedback and agree to undertake further training and actions as indicated (if applicable)**

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| --- | --- |
| Student’s Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**

**Directorate Review**

**Please review this Interim Progression Review**

Please review the supervisor feedback then sign this form and return to the Graduate School Office.

**If the supervisor has indicated that there are issues or concerns the Graduate School Directorate needs to be aware of, please review the full Interim Progression Review before submitting this form.**

If there are any issues with the Interim Progression Review or supervisor feedback, please contact the supervisor directly. If it is necessary to make amendments to the supervisor feedback form, the supervisor should resubmit the amended form to the Graduate School Office.

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| Name: |  |
| Signature: |  |
| Date: |  |

**When you have completed this form, please sign it and return to the Graduate School Office.**