



Chow Yei Ching School of Graduate Studies  
(Research Degree and Professional Doctorate Programmes)  
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Fax No.:3442-0332 Website: www.cityu.edu.hk/sgs

## Assessment on Annual Progress Report for Professional Doctorate Programme (SGS62)

### Notes to Students:

- (1) On commencement of Independent Work (e.g. Doctoral Thesis), students are required to submit progress reports on an annual basis until they have submitted the final version of their Independent Work for oral examination and completed any other academic requirements.
- (2) Please submit this assessment form (SGS62), together with the list of Qualifying Panel members from AIMS and required copies\* of your Annual Progress Report to your supervisor on or before 31 August of each year for assessment.

*\* Three copies for DBA and iDBA programmes. Four copies for EngD (EM), EngD (CA), JSD and JSD (CJ) programmes.*

### Notes to Qualifying Panel:

- (1) The Qualifying Panel is invited to assess the student's study progress of the Independent Work on the basis of the student's annual progress report and to:
  - complete Section B of this form;
  - forward the form to the student concerned for completion of Section C; then
  - seek approval of the Programme Leader/Programme Director and Head of the Programme Offering Unit in Sections D and E, and College/School in Section F, as appropriate.
- (2) Please send the completed Assessment Form to SGS within one month after the student's report submission.

### **Section A Details of Student's Candidature (to be filled in by the student)**

- |                |       |                            |       |
|----------------|-------|----------------------------|-------|
| 1. Name:       | _____ | 4. Admit Year.:            | _____ |
| 2. Student No: | _____ | 5. Report Submission Date: | _____ |
| 3. Programme:  | _____ |                            |       |

### **Section B Assessment of the Student's Progress in the Past Year (to be completed by the Qualifying Panel)**

#### (a) Study progress:

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#### (b) The frequency and duration of meetings with the student:

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(c) Any difficulties encountered or problems anticipated and any recommendations for improvement:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Comments on the student’s proposed study schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) (Applicable only to students who could not or will not be able to complete their study within the maximum period of study) Please comment on your student’s ability to complete his or her study within the maximum study period and state any measures to be taken to help the student complete his or her studies on time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(f) Overall recommendations from the Qualifying Panel (please tick as appropriate):

- i. the student be allowed to continue with his/her professional doctoral study.
- ii. the student be required to submit a revised annual progress report by \_\_\_\_\_.
- iii. the student’s study be terminated. [To recommend study termination on academic grounds, the supervisor is requested to complete a study termination form (SGS38) which can be downloaded from “Download area for staff” under the SGS website (<http://www.cityu.edu.hk/sgs/>)]

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor/ Chair, Qualifying Panel	Signature	Date
Qualifying Panel Member	Signature	Date
Qualifying Panel Member	Signature	Date
Industrial Adviser (if applicable)	Signature	Date

**Section C Feedback from the Student (to be completed by the student)**

1. Feedback on the above assessment and comments made by your Qualifying Panel:

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2. Feedback on your overall educational (including coursework study and independent work) and learning experiences at CityU, and any suggestions for improvement, if deemed necessary:

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

*[For DBA students, please return this form to the College of Business for processing.]*

**Section D Comments by Programme Leader/Director and the Department Head (if applicable)**

*(\* please delete as appropriate)*

I **support / do not support** \* the above recommendations made by the Qualifying Panel.

Comments on the student's feedback, if any, and other general comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Programme Leader / Programme Director

\* \* \* \* \*

**Section E Endorsement of the Head of Programme Offering Unit**

*(\* please delete as appropriate)*

I **endorse/do not endorse** \* the above recommendations made by the Qualifying Panel and the Programme Leader/Programme Director.

Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head/Dean of Programme Offering Unit

**Section F Approval of College/School Graduate Studies Committee**

(\* please delete as appropriate)

I **approve/do not approve** \* the recommendation of the Head of Programme Offering Unit.

Comments:

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Signature:

\_\_\_\_\_  
Chair, C/SGSC ( )

Date:

\_\_\_\_\_

**Please return this form to the Chow Yei Ching School of Graduate Studies for processing.**