Assessment on Annual Progress Report for Research Degree Candidature (SGS36)

Notes to Student:

Please submit the following items to your research supervisor for assessment:

(i) three copies of Annual Progress Report (or softcopy as agreed with supervisor);
(ii) this assessment form with Section A duly completed and Cover Sheet attached;
(iii) a recent unofficial transcript from AIMS (Student Record ⇒ My Academic Record ⇒ Grade Detail);
(iv) the latest coursework plan from AIMS (Student Record ⇒ My Study Details (for Research Degree Programmes) ⇒ Study Plan);
(v) a summary on studentship records from AIMS (Student Record ⇒ My Finance ⇒ Scholarship and Financial Aid Records); and
(vi) a copy of the Submitted/Approved Planner from AIMS (Student Record ⇒ My Study Details (for Research Degree Programmes) ⇒ Planner) for students commenced study on or after 1 September 2014.

The Supplementary Form on Evaluation of Teaching Assistant (TA) Assignments will be processed via AIMS online function starting from June 2016. Relevant students will receive notification in due course.

Notes to Qualifying Panel:

1) The Qualifying Panel is invited to:
   (i) complete Section C of this form;
   (ii) forward the form to the student concerned for completion of Section D; and
   (iii) seek the approval of the Department Head/School Dean in Section E.

2) Please forward the completed form to SGS within 30 days from the Report Submission Date in Section A; otherwise, the studentship and/or research tuition scholarship of the student, if applicable, will be suspended accordingly.

Section A Details of the Student’s Candidature (to be completed by the student)

| Name: ___________________________ | Stud. No.: _______ | (Normal) Study End Date: ____________ |
| Commencement Date: ______________ | Dept./Sch.: _______ | (Max./Ext.) Study End Date: __________ |
| Quota: __________________________ | Prog./Mode: _______ | Report Submission Date: ____________ |
| | | (as stipulated in the email reminder) |

Records of Postgraduate Studentship

Please refer to the attached Scholarship and Financial Aid Records for studentship award records. For students who are eligible for Postgraduate Studentship, the award period should normally cover the normal study period. In case of the “Award End Date of Studentship” ends before the “(Normal) Study End Date”, please bring this situation to your supervisor’s attention.

Please forward the form to the Qualifying Panel for assessment.

Section B Coursework Plan/Credit Transfer/Coursework Exemption

Please note that MPhil students are required to complete 7 credit units of coursework (minimum requirement) and PhD students 14 credit units (normal requirement) unless credit transfer is approved by the Department/School. At least half the coursework (4 credit units for MPhil and 7 for PhD) should be taken at CityU or other local institutions. Please refer to the attached unofficial transcript and coursework plan on the student’s coursework performance and requirements.
Section C  Assessment of the Student’s Academic Performance  
(to be completed by the Qualifying Panel)  
(please tick as appropriate) 

1. Report Received On: __________________________ (dd/mon/yyyy) 

2. Study Progress: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3. The frequency and duration of meetings with the student: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

4. Any difficulties encountered or problems anticipated and any recommendation for improvement: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

5. Comments on the student’s proposed study schedule: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

6. (Applicable only to students who could not or will not be able to complete their study within the (normal) study period) 

Please comment on your student’s ability to complete his or her study within the maximum/extended study period and state any measures to be taken to help the student complete his or her studies on time: 

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
7. **Recommendations:**

(a) **Recommendation for Continuation of Studies**

In view of the above, we recommend that (* delete as appropriate):

- [ ] the student be allowed to continue with *PhD/MPhil study.
- [ ] the student be required to submit a revised Annual Progress Report by ________________.
- [ ] the student’s study be terminated.

([For recommendation of study termination on academic grounds, the supervisor is requested to complete a study termination form (SGS38) which can be downloaded from SGS website.]

- [ ] Others: ________________________________________________

(Applicable for eligible full-time students only)

(b) **Recommendation for Continuation of Studentship by the Supervisor**

[Note: Students who did not fulfill the threshold requirement set by the University (i.e. a minimum cumulative GPA of 2.50) or other requirements stipulated by individual Department/School will have their studentship discontinued.]

- [ ] I recommend continuation of the Studentship for 12 months.
- [ ] I recommend continuation of the Studentship for a tentative period of_____ month(s).

Please specify the condition(s) for renewal: ________________________________.

- [ ] I do not recommend continuation of the Studentship. The Studentship will be discontinued with effect from the month following the annual progress report assessment.

Remarks:
_________________________________________
_________________________________________
_________________________________________
_________________________________________

Supervisor/ Chair, Qualifying Panel  ___________ Signature  ___________ Date

_________________________ ______________________  ______________________
Qualifying Panel Member  Signature  Date

_________________________ ______________________  ______________________
Qualifying Panel Member  Signature  Date

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

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Feedback on your overall educational and learning experiences (including coursework study, research and academic related duties assigned by your department/school, if applicable) at CityU and any suggestions for improvement, if deemed necessary:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. (For full-time students only) I declare that:

☐ I have not engaged in any paid employment in the preceding 12 months.

☐ I have engaged in paid employment in the preceding 12 months and have sought approval via SGS.

4. I undertake to abide by the Regulations Governing Postgraduate Studentships, if applicable.

________________________________________________________________________

Students’ study progress (and continuation of studentship, if applicable) with recommendation other than continuation will be notified by SGS on the Qualifying Panel’s recommendation.

___________________________  __________________________  ________________
Student Name  Signature  Date
Section E. Approval by the Department Head/School Dean (* please delete as appropriate)

Comments on the Qualifying Panel’s assessment, the student’s feedback, and other general comments, if any:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

☐ approve the Qualifying Panel’s recommendation on study as given in Section C8 (a).
☐ do not approve

Based on the assessment of the Qualifying Panel in Section C and the Evaluation of Teaching Assistant Assignments*, the overall recommendation on the Studentship arrangement is as follows (applicable for eligible full-time students only):

☐ Renewal of studentship for 12 months.

☐ The TA studentship (i.e. 25% of studentship) be put on probation for one semester/ be deducted from the Postgraduate Studentship (applicable for students whose TA studentship was already put on probation for one semester).

☐ Continuation of the Studentship for a tentative period of______ month(s).

☐ Discontinuation of Postgraduate studentship.

*Note: The Supplementary Form on Evaluation of Teaching Assistant (TA) Assignments will be processed via AIMS online function starting from June 2016. Department Heads/School Deans and designated departmental staff will have access to the performance ratings.

Signature: ___________________________ Date: ___________________________
Department Head/School Dean

Please return the completed form to SGS for processing.

N/SGS Forms/SGS36_Assessment on Annual Progress Report of Research Degree Candidature
January 2019