Assessment of Annual Progress Report of Research Degree Candidature
(Joint PhD Programme Offered by CityU and the Mainland Universities)(SGS36A)

Notes to Student:

1. Please submit the following items to your research supervisor on or before 31 May 2017 for assessment:
   (i) a soft copy of Annual Progress Report;
   (ii) a list of publications during research studies at CityU (via Research Online http://ronline.ro.cityu.edu.hk, if applicable) or a copy of the Submitted/Approved Planner from AIMS (Student Record → My Study Details (for Research Degree Programmes)) for students commenced study on or after 1 September 2014;
   (iii) this assessment form; and
   (iv) a recent unofficial transcript which is downloadable from AIMS (Student Record → Grade Detail). Please also fill in Section B1(a) and (b) accordingly.

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 in Section E.

2. Please forward the completed form to SGS by 30 June 2017; otherwise, the stipend of the student will be suspended accordingly.

Section A   Details of the Student’s Candidature

Name:   CityU Student No.:   Study End Date:

Commencement Date:   Department/School:

Prog./Mode: PhD / PT   Stipulated Report Submission Date: 31 May 2017

Section B   Coursework Plan

Please note that PhD students are required to complete 14 credit units (normal requirement) unless exemption/credit transfer is approved by the Department/School.

1. Credit Units prescribed by the Qualifying Panels: _______ Credits
   (a) Institution Credits (To be filled by the student. Please refer to the transcript attached by the student for details.)

   Credits earned: _______  Cumulative GPA: _______

   (b) Courses Taken in Other Institutions (not including the courses taken in the mainland universities under the Collaboration Schemes)

   Year   Course Code   Course Title   Credits   Grade/Marks
   (Name of the Offering Institution, Country)

2. Credit Transfer Approved: _______ Credits

3. Credit Exemption Approved: _______ Credits
Student Name: ___________________________________ (SID: ) Programme: PhD

(Please tick as appropriate)

Section C  Assessment of the Student’s Academic Performance (to be completed by the Qualifying Panel)

1. Report Received On: ________________ (dd/mon/yyy)

2. Study Progress:

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

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

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

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

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

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

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

6. Comment if the research work undertaken by the student is an applied research:

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________
7. (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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Recommendations

(a) Recommendation for Continuation of Studies

In view of the above, we recommend that:

☐ the student be allowed to continue with PhD 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: __________________________________________________________________________
_____________________________________________________________________________________

(b) Recommendation for Continuation of Stipend by the Supervisor

[Note: Students who did not fulfill the threshold requirement (i.e. a minimum cumulative GPA of 2.50) will have their studentship discontinued. The Working Group on Mainland Research Student Collaborations decided that the above-said requirements also apply to stipend recipients under the mainland collaboration schemes, however, a probation period of 1 semester will be given to these students. Students, who fail to attain the above requirements after the probation period, will have their stipend suspended in the following month.]

☐ I recommend continuation of the Stipend for 12 months.

☐ I recommend continuation of the Stipend for a tentative period of _______ month(s).

☐ I do not recommend continuation of the Stipend. The Stipend will be discontinued from the month following the annual progress report assessment.

_________________________ ___________________________ ___________________________
Name of Supervisor, CityU Signature Date

_________________________ ___________________________ ___________________________
Name of Supervisor, Partner Institution Signature Date

_________________________ ___________________________ ___________________________
Name of Qualifying Panel Member, CityU Signature Date
Section D Feedback from the Student (to be completed by the student)

1. Feedback on the 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. I undertake to abide by the rules governing stipend, if applicable.

__________________________________________________________________________
__________________________________________________________________________
Student Name __________________________ Signature ____________________________ Date ___________________________

Section E Approval by the Department Head (* please delete as appropriate)

☐ approve ☐ do not approve

I __________________________ the Qualifying Panel’s recommendations as detailed in Section C8.

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature: __________________________ Date: __________________________

Department Head (_______________________)

☞ Please return the completed form to SGS for processing ☞