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 2019 for assessment:
   (i) a soft copy of Annual Progress Report;
   (ii) a copy of the Cover Sheet, Study Plan and Submitted/Approved Planner from AIMS (Student Record → My Study Details (for Research Degree Programmes), the Planner should include the list of publications during research studies at CityU;
   (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.

Students (commenced study on 1 September 2018 and thereafter) are required to pass the online training course on research integrity, namely Collaborative Institutional Training Initiative (CITI) programme. Students who failed to obtain a passing score by the Qualifying period would be given a chance to re-submit the results of the CITI programme within 6 months after the first assessment of Qualifying Report. If they still failed to obtain a passing score after the second attempt, they are deemed as fail in the qualifying assessment and their studentship, if applicable, could be discontinued. See AIMS (Student Record → My Study Details (for Research Degree Programmes → Planner) for details.

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 2019

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
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)

I ☐ approve ☐ do not approve 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 ✉