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| **UNIVERSITY OF ABERDEEN** **LIFE SCIENCES & MEDICINE****Monitoring Research Student Progress****Second Year Report Feedback Form** | UoA_Primary_Logo_RGB |

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| This form is used to record the progress of a research student at the end of the second year of research and to provide the student with feedback on their report. The report should be written in the form of a manuscript for publication and should be completed and submitted according to the Postgraduate Research School guidelines.Part 1 should be completed by the student at the time of submission of their second year report.Part 2 should be used by academic staff to provide feedback to the student. |

## Part 1 - Student Details

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Student ID Number:** |  |
|  |  |
| **Supervisors:** | **Lead:** |  |
|  | **Other:** |  |
|  |  |
| **School:** |  |
|  |  |
| **Date of initial registration:** |  |
|  |  |
| **Degree (full-time or part-time):** |  |
|  |  |
| **Title of report:** |  |
|  |  |
| **Date of submission of second year report:** |  |

**For Postgraduate Research School Use**

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| Date Material Received: |  |
|  |  |
| Date Passed to Assessors: |  |

## Part 2 – Assessment of Report

 Is the title of the report appropriate? YES / NO

 Is the abstract informative and does it cover the contents of the report adequately? YES / NO

 Are the aims of the research clearly stated? YES / NO

 Is the relevance and importance of the research clear? YES / NO

 Is the report appropriately structured and are all figures, tables, etc, necessary and

 properly constructed and presented? YES / NO

 Is the length of the report appropriate? YES / NO

 Does the student display a satisfactory level of competence in English? YES / NO

 Does the student display a satisfactory level of competence in academic writing? YES / NO

 Please give detailed general comments on the report, highlighting suggestions for improvements and, where appropriate, elaborating on the answers to the above questions:

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|  |

 Does the report raise any issues for concern regarding the progress of the student? YES / NO

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| --- |
| If yes, please give details (*include any recommendations for action arising from the concerns*): |

## Signatures:

|  |  |  |  |
| --- | --- | --- | --- |
| Examiner: |  | Date: |  |
|  |  |  |  |
| Advisor: |  | Date: |  |
|  |  |  |  |

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| Follow up required? | YES / NO |
| If Yes: |  |
| Date Passed to PGR Coordinator: |  |