**HDR STUDENT ANNUAL REPORT FORM**

**Section B:**

**PRINCIPAL supervisorS TO COMPLETE**

Version date: October 2021

Every Principal Supervisor for a Higher Degree by Research candidate must submit an Annual Report Form to the Dean, School of Graduate Research by the **mid-November** listed on the Research ‘Key Dates’.

In consultation with the Associate Supervisor, the Principal Supervisor is to complete Section B which is a confidential report and will not be read by the candidate. Supervisors are able to contact at School of Graduate Research anytime to discuss confidential matters. Section B must be signed by both the Supervisors and by the College Research Coordinator.

The candidate is to complete with the supervisors Section C and this must be signed by the candidate’s Supervisors and the College Research Coordinator.

|  |
| --- |
| **Personal details** |
| Candidate’s Name |  |
| **Supervision Details** |
| Principal Supervisor Name |  |
| Principal Supervisor Email |  |
| Associate Supervisor 1 Name |  |
| Associate Supervisor 1 Email |  |
| Associate Supervisor 2 Name |  |
| Associate Supervisor 2 Email |  |
| Associate Supervisor 3 Name |  |
| Associate Supervisor 3 Email |  |

### Supervision

**How often do you meet with the candidate? (choose 1)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fortnightly  | Weekly | Monthly | Every 2 months | Quarterly or less |

Please provide any additional comments (optional)

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|  |

### Progress

|  |  |  |
| --- | --- | --- |
| Are you satisfied with the student’s candidature progress?  | Yes | No |
| Please comment. |

|  |  |  |
| --- | --- | --- |
| Are there any matters regarding the student’s wellbeing that will inhibit progression and completion of this qualification?  | Yes | No |
| Please comment. |

|  |  |  |
| --- | --- | --- |
| I expect the candidate to complete on time. | Yes | No |
| Please comment. |

 **Are there other issues or concerns that the Research Coordinator or SGR need to be aware of?**

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| --- |
|  |
| **Supervisors’ Evaluation of University Resources** | Yes | No |
| Is the University able to provide all necessary facilities for the candidate’s research during the coming year? If no, provide comments below (expand the box as necessary). |  |  |
|  |

If you or your student believes that any of these factors may prevent the student completing on time, please discuss intervention strategies, including:

1. Leave of Absence

2. Lapse of Candidature

3. Withdrawal of Candidature

4. Changing from full-time to part-time candidature

**In any such circumstances, you are strongly encouraged to consult also with the College Research Coordinator and / or the Dean, School of Graduate Research.**

**signatures**

|  |
| --- |
| **PRINCIPAL SUPERVISOR**I have discussed the candidate’s research progress and have discussed any issues that have been identified. |
| Name |  |
| Signature |  | Date |  |
| **ASSOCIATE SUPERVISOR 1** |
| Name |  |
| Signature |  | Date |  |
| **ASSOCIATE SUPERVISOR 2** |
| Name |  |
| Signature |  | Date |  |
| **ASSOCIATE SUPERVISOR 3** |
| Name |  |
| Signature |  | Date |  |
| **COLLEGE RESEARCH COORDINATOR** |
| Name |  |
| Signature |  | Date |  |

Please ***email*** the completed form to Registrar, School of Graduate Research at: skashyap@divinity.edu.au

Throughout the candidature primary support and guidance are expected to be provided by the supervisors. If you have problems which you are unable to discuss with your supervisory colleague and/or candidate, in the first instance speak to your College Research Coordinator. If a problem cannot be resolved, contact the Dean, School of Graduate Research.

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| ***Office of the Vice-Chancellor use only*** |
| Date received |  |  |