**THESIS REVIEW CHAIR’S REPORT**

**Chairperson to complete**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I anticipate that this candidate will produce a thesis of acceptable quality in 3 months (FTE) time if PhD / 1.5 FTE months if MPhil. |  | **Yes** |  |  | **No** |  |
| I confirm that a discussion regarding suitable Examiners\* took place between the Review Panel, the candidate and the Principal Advisor. |  | **Yes** |  |  | **No** |  |

**\* When discussing potential Examiners, it is important that the** [**COI Guidelines**](http://www.uq.edu.au/grad-school/content/current-students/coi.pdf) **are not contravened.**

|  |  |
| --- | --- |
| **Additional Help**  Does the student require additional help?  ***OR***  Would the student benefit from additional help?  (*Strike out as applicable*) | Yes  (pls specify in detail in 3.4) |
|  |
| No |

**Specify your comments and feedback to student & advisors**

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| --- |
| **GENERAL COMMENTS:** |
| **RECOMMENDATIONS RE CHANGES TO THE ADVISORY TEAM (if applicable)** |
| **FOR THIS MILESTONE TO BE MET, THE STUDENT NEEDS TO DO THE FOLLOWING:** |
| **ADDITIONAL HELP** *(Strike out as applicable)*   * **For this Milestone to be met, the student requires the following help (and from whom):** * **TR attainment recommended but the student would benefit from the following help (and from whom):** |

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Chair’s Name (please print) Signature Date (on behalf of the Review Panel)

**Postgraduate Coordinator to complete:**

**Recommendation on Thesis Review:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Approved** |  |  | **Review after cond’ns met** |  |  | **Not apprvd– recommend t/f to MPhil** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Additional help is recommended** |  | **Yes** |  |  | **No** |  |

**Comments:**

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PGC’s name (please print) Signature Date