**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**

|  |
| --- |
| **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):**
 |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 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:**

|  |
| --- |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

PGC’s name (please print) Signature Date