**Confirmation – Student Submission**

|  |  |
| --- | --- |
| Student name: |  |
| Student ID number: |  |
| Programme name: |  |
| Academic Unit: |  |
| Supervisor/s: |  |

Please submit your Interim Thesis for assessment. Guidance on the format of the Interim Thesis and what it should include can be found in your PGR Handbook. Please also review your Academic Needs Analysis and update your training record below.

**Once you have completed this form, please submit it along with your Interim Thesis to the Graduate School Office.** Questions marked with an asterisk are mandatory.

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**\*** Please state your provisional thesis title (if known) or your project title:

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**\* Review of Academic Needs Analysis**

Please review your Academic Needs Analysis in the box below. The review should include comments on the training you have already undertaken as well as any outstanding or additional training required. It should be based on the Academic Needs Analysis you completed at the beginning of your candidature and on the reviews of the Academic Needs Analysis you submitted with your previous Progression Reviews.

Please refer to your PGR Handbook for further guidance.

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**Training Record**

Please list below any training and/or other activities you have undertaken since you have completed your 1st Progression Review. Please include all training/activities, including those you have already noted in your activity reports.

**Training Courses** (Including Gradbook courses and Faculty level training)

|  |  |
| --- | --- |
| Course name | Date |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Professional Development Activities** (e.g. teaching/demonstrating, invigilation, internal conferences/workshops attended, external conferences/workshops attended)

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | organised by | Short Description | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Modules Completed/to be completed**

Please list any modules you are registered on/auditing.

|  |  |  |  |
| --- | --- | --- | --- |
| Subject Code | Course Number | Course Title | Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**We recommend you keep a copy of this form for your records.**

|  |  |
| --- | --- |
| Student name: |  |
| Signature: |  |
| Date: |  |

**Once you have completed this form, please submit it with your Interim Thesis to the Faculty Graduate School Office.**