Aim
In accordance with the requirements of Cardiff University Code of Practice for Research Degrees, students are required to produce a self assessment Progress Report every six months. This report is intended to provide the student the opportunity to reflect upon their current stage of research and progress made, any problems which may affect progression, satisfactory supervision, and future training needs. You may discuss your report with your supervisor.

At the end of the report is a confidential section which will only be seen by the Director of Postgraduate Research Studies or the Associate Dean for Postgraduate Studies (as appropriate). This section will not be seen by the supervisory team and allows you to provide an open and honest reflection on the quality of your supervision and any issues which may have arisen which you are unable to discuss with your supervisors. Detach this section and submit to the Dental Postgraduate Office as a separate attachment. (Please note that this will change in future years, as students will be required to upload reports onto their SIMS account. The confidential section should not be uploaded to SIMS as the supervisory team can see all reports. The confidential section should be sent to the Dental Postgraduate Office only). Any issues will be followed up with a meeting with the Director of Postgraduate Research Studies or the Associate Dean for Postgraduate Studies immediately as required.

These forms are required to be completed for both active students and those writing up. It is the student’s responsibility to ensure that all reports are submitted on time. Under University regulations, failure to submit any report on time will result in failure to engage with the programme of study and could result in exclusion from the course.

Completed and signed forms should be sent to the Dental Postgraduate Office (one signed hard copy to the Dental Postgraduate Office, Dental Academic Office, 1st Floor and one electronic copy to dentalpgoffice@cardiff.ac.uk).

Student Name

Main supervisor

Division

Date Studies Commenced

Part-time or Full-time

Date of Report
Student progress over past six months

Please rate your progress over the past six months

a) General progress to date
   - Excellent
   - Good
   - Adequate
   - Poor

b) Intellectual grasp and Appreciation of the scope of the project
   - Excellent
   - Good
   - Adequate
   - Poor

c) Progress made against agreed milestones
   - Excellent
   - Good
   - Adequate
   - Poor

d) Ability to overcome problems/difficulties and setbacks
   - Excellent
   - Good
   - Adequate
   - Poor

e) Your own effort and application
   - Excellent
   - Good
   - Adequate
   - Poor

Please use the free text box below to reflect on work that has been completed over the past six months. If this is your first student self-assessment report use the text box below to reflect on work that has been completed over the past 2-3 months.

Comment on aspects that have shown good progress and those where you have had practical or technical issues. How will any issues be resolved? Have all objectives been met? Highlight any specific academic problems associated with the research which may impede your research in the future and will require access to additional resources or advice.

Please state the objectives for the next six months as agreed with your supervisor.
Student supervisory arrangements

Have you maintained regular contact with your the main supervisor during the last six months? Y / N

Have you and the supervisory team been able to maintained three monthly meetings? Y / N

Have you receive adequate feedback from your supervisors on progress in the last 6 months? Y / N

Are you happy with the speed by which feedback is given on your results and written work? Y / N

Is the agreed study plan still applicable and relevant? Y / N

Generic and Transferable Research Skills training

Have you made a presentation of the research within the School or outside? Y / N

Please detail research presentations made over the past 6 months

Please outline any generic / transferable or additional training you have undertaken in the past six months
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<th>Please outline any generic / transferable or additional training planned during the next six months</th>
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| Signed: ___________________________ | Date: ___________________________ |
| (student) | |

| Signed: ___________________________ | Date: ___________________________ |
| (Director of Postgraduate Research Studies) | |