**RECOMMENDATION OF PhD CONFIRMATION PANEL**

***Please submit to the Student Registry for approval on behalf of Senate.***

Student’s Name: ……………………………………………………… Student ID: ……………………………………. Department/Institute: …………………………………………………

Fees are due for a minimum of 12 months from the date of the panel, consequently if the panel has been held more than 24 months (full-time) or 36 months (part-time) after a student’s initial registration their transfer to writing up fees will be delayed and their total fee liability will increase.

If this is the case in this instance please explain why it has taken longer than the standard period of time for the confirmation panel to be held:

…………………………………………………………………………………………………….…………………………..

…………………………………………………………………………………………………….……………………………. Summary of standard minimum and maximum periods of registration:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degree** | **Status** | **Minimum** | **Maximum** | **Status** | **Minimum** | **Maximum** |
| **Ph.D.** | Full time | 36 months | 48 months | Part time | 48 months | 84 months |

**PANEL RECOMMENDATION:** In line with Lancaster University’s Regulations and Procedures (MARP,

the recommendation of the panel is as follows (please tick as appropriate):

***Options available following initial panel:***

*Confirm as PhD*

*Defer decision; student to continue as probationary PhD,*

*with resubmission/reassessment to take place no later than* …………………

***Date Panel Held:*** ………………….…

***Options available following second and final reassessment:***

*Confirm as PhD Confirm as MPhil*

*Do not confirm as PhD or MPhil, recommend exclusion*

***Date Re-assessment Held:*** …………………….

**Please also attach a short report (up to 2 pages) on the confirmation process undertaken for this**

**student, including a summary of the evidence used in arriving at the panel recommendation.**

Signature …………………………………………………….

Date ……………………...…………….

Signature …………………………………………………….

Date ……………………...…………….

Signature …………………………………………………….

Date ……………………...…………….

**Registry Use:**

**Approved on behalf of Senate:** …………………………………………………… Date ……………………… The student’s maximum expected completion date will be: ………………………

Please provide name and title (e.g. supervisor, HOD, Graduate Studies Director) of those on the panel.

NB: there should be at least three academic staff on the transfer panel, as approved by Senate (June 1997). No more than two of these may be supervisors to this student.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | ……………………………………………….. | Title | ……………………………………………………... |
| Name | ……………………………………………….. | Title | ……………………………………………………... |
| Name | ……………………………………………….. | Title | ……………………………………………………... |

Have the student and supervisor(s) met regularly? Yes No

If no, why not?...................................................................................................................................................

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Have the student and the supervisory or progress panel met at least once per year? Yes No

If no, why not? …………………………………………………………………………………………………………..

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Was the student present to discuss their work with the panel? Yes No

If no, why not? …………………………………………………………………………………………………………..

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# As outlined in Manual of Academic Regulations and Procedures, did the student provide evidence to the panel that they had:

|  |  |
| --- | --- |
|  | **Yes No** |
| * Attended Induction |  |
| * Carried out the DNA |  |
| * Attended the agreed research training | |
| * A viable research proposal |  |
| * A completion timetable approved by | their supervisors |

How much further time have the panel and student estimated will be required until submission?

……………………………………………………………………………………………………………………………..

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