

# Study Plan Review for Graduate Degree by Research

### RESEARCH PLAN REPORT

**Notes:**

* It is advised to fill-in the softcopy of the form and use e-signatures throughout the whole process.
* The deadline to complete the above is **end of 5th month** of beginning of study for full-time students or **end of 10th month** of beginning of study for part-time students (exact date depends on student’s intake).
* Non-submission of the above within the specified timeframe will affect the decision of the next annual assessment and progression in accordance with UTB’s graduate studies regulations.

**Part A: *(Student please complete Part A)***

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| **Name of Student** |  |
| **Student ID** |  |
| **Mode of Study** | Full Time  Part Time |
| **Registration Date** |  |
| **Degree of Study** | PhD  Masters |
| **Faculty** |  |
| **Programme** |  |
| **Research Topic** |  |
| **Supervisors’ Name:** | **1)** |
|  | **2)** |
|  | **3)** |

**Part B *(Supervisor and student jointly complete Part B)***

|  |  |  |
| --- | --- | --- |
| Conclusions on literature review and research objectives | | |
| Work conducted since start of study:  Conclusions on literature review:  Updated Research Objectives: | | |
| A study plan of the next period till the next due assessment (please provide a schedule / Gantt Chart and add it below or as an attachment) | | |
|  | | |
| A tentative study plan after the next assessment and till the end of the study period (Please give anticipated milestones) | | |
|  | | |
| Plan on other activities for personal development of the student (such as modules needed for the research to be attended, training of skills needed for the research, workshop for development of integrated capability of the student, etc.) | | |
|  | | |
| Student: | | Name:  Signature:  Date: Click here to enter a date. |
| Supervisor 1 (Main): | | Name:  Signature:  Date: Click here to enter a date. |
| Supervisor 2: | | Name:  Signature:  Date: Click here to enter a date. |
| Supervisor 3 (if any): | | Name:  Signature:  Date: Click here to enter a date. |
| **Part C *(Internal Assessor to complete Part C)*** | | |
| Summary of comments and recommendations of the study plan meeting (please clearly indicate justifications for the decision about the research topic and objectives) | | |
| Comments:  Evaluation:  £ Research topic and study plan are appropriate (with minor concerns, if any, as indicated above).  £ Research topic is at risk unless study plan is changed as per given recommendations.  £ Research topic is NOT appropriate for the research degree. | | |
| Internal Assessor: | Name:  Signature:  Date: Click here to enter a date. | |

**Part D: *(Respective FGSRC/SGSRC and GSRO to complete Part D)***

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| Comments of Deputy Dean Faculty/School or Chairperson (if any):  Name:  Signature: Date: Click here to enter a date. |
| Comments of GSR Office (if any):  Received by:  Signature: Date: Click here to enter a date. |