***Continuation Procedure Assessors Form***

**Assessor 1 to complete and submit this form to Teresa Fox at** GRADAPPS@TCD.IE**.**

To be submitted as soon as possible or maximum within 1 week of continuation viva.

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| **PART A: GENERAL INFORMATION** |
| **Student Name** |  |
| **Student Number**  |  |
| **Supervisor Name**  |  |
| **Supervisor Email** |  |
| **Title of Thesis** |  |
| **Date of Presentation** |  |
| **Date of Interview** |  |

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| **PART B: ASSESSORS AND CHAIR-PERSON INFORMATION** |
| **Assessor 1 Name** |  |
| **Assessor 1 Email** |  |
| **Assessor 1 Signature** |  |
| **Assessor 2 Name** |  |
| **Assessor 2 Email** |  |
| **Assessor 1 Signature** |  |
| **Chair-person Name**  |  |

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| **PART C: RECOMMENDATION OF TRANSFER PANEL** |
| **Please indicate recommendation of transfer panel (please tick one only)** |
| 1. Recommend continuation on the PhD register [ ]
2. Recommend continuation on the PhD register after some minor changes [ ]

have been made to the confirmation report1. Continuation on the PhD register not recommended at this time: a new [ ]

report to be written & confirmation interview to be held again as soon as possible thereafter1. Recommend changing to the MSc register to submit a Master’s thesis [ ]
2. Recommend not to continue as a postgraduate research student [ ]
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| **PART D: IN CASE OF TRANSFER****MSc Research Student Transferring to PhD** |
| **Please indicate recommendation of transfer panel (please tick one only)****Please indicate if not applicable** [ ]  |
| 1. Recommend transfer on the PhD register [ ]
2. Recommend continue with MSc and submit a Master’s thesis [ ]
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| **PART E: IN CASE OF TRANSFER****MD Research Student Transferring to PhD** |
| **Please indicate recommendation of transfer panel (please tick one only)****Please indicate if not applicable** [ ]  |
| 1. Recommend transfer on the PhD register [ ]
2. Recommend continue with MD and submit a MD thesis [ ]
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| **IN CASE OF TRANSFER – FOR OFFICE USE** |
| 1. Has the supervisor submitted Letter of Support [ ]
2. Are matters of funding (stipend and fees) in place for the additional years on PhD [ ]
3. Is there a requirement for an updated research ethics approval, and has this been [ ]

 put in place, where applicable1. Has a Gantt Chart and outline of the PhD project been included [ ]
2. The student has a thesis committee [ ]
3. Compulsory modules associated with structured PhD are completed [ ]
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| **PART F: ASSESSORS SUMMARY OF MAIN COMMENTS** |
| **Please provide a summary of helpful comments for the student. These can be up to ten bullet points (max) of main points (and not for minor corrections):** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
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| **10** |  |

**PLEASE DO NOT EXCEED MORE THAN ONE PAGE**

**FOR OFFICE USE ONLY: DOCUMENT CONTROL**

**SCHOOL OF MEDICINE**

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| **FOR OFFICE USE ONLY: DOCUMENT CONTROL - SCHOOL OF MEDICINE** |
| **Prepared by:** | **Kumlesh K. Dev (Director, PGTL, School of Medicine)** |
| **Reviewed by:** | **Lina Zgaga (Associate Director, PGTL, School of Medicine)** |
| **Approved by:** | **Dara O'Mahony (Postgraduate Administrator, PGTL, School of Medicine)** |
| **Next Review Date** | **This document was approved by the Postgraduate Teaching and Learning Committee (PGTL), School of Medicine who will review every two years. This document may be subject to quality appraisal such as the School review. The next review date of this document will be October 2021.** |
| **VERSION HISTORY** | **Version 1 – Jan 2019, Version 2 – Nov 2020** |

**SIGN OFF**

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| **Prepared by:**Julie Broderick |
| **Signature:** | **Date: 27.11.22**  |  |
| **Reviewed by:**Catherine Darker |
| **Signature:**  | **Date:** 14.11.22 |  |
| **Approved by:**Catherine Darker |
| **Signature:**  **Date:** 14.11.22 |

**VERSION HISTORY**

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| --- | --- | --- |
| **Version** | **Description of Change** | **Revised By** |
| 1.0 | Original | S.Keegan |