

**LATE STAGE REVIEW (LSR) FORM**

**24 months for full-time students/between 48 months for part-time students\***

Please read the [guidance notes](http://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/registry/academic-governance/public/academic-policy/miletsones-for-pgr/Late-stage-review-guidance-notes.pdf) before completing this form.

Section A of this form is to be completed by the student and supervisor

Section B of this form is to be completed by the independent assessor(s); Section C by the Supervisor(s)

Section D will be completed by the postgraduate office once it has been uploaded onto Blackboard

Please tick one box where requested.

**SECTION A: To be completed by the student**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: | | |  | | | | | | | | | | CID: |
| Department: | | |  | | | | | | | | | | |
| Name(s) and department(s) or affiliation(s) of Supervisor(s):  Title of research project:  Research Community: | | |  | | | | | | | | | | |
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|  | | | | | | | | | | |
| Is this the first Late Stage Review?  If NO, please give date of previous late stage review: | | | **YES**  **NO**  / / | | | Please indicate whether the student is registered for PhD or MD(Res)  Date of Initial PhD/MD(Res) Registration: | | | **PhD**  **MD(Res)**  / / | | | | |
| **Professional Skills Attendance Requirements:**   * 1. **Doctoral Students (PhD, MD[Res] and EngD)**: The College requires all doctoral students to achieve a minimum of four Graduate School credits, plus the online doctoral plagiarism awareness course. The online Plagiarism Awareness Course is compulsory, but does NOT count towards the minimum credit requirement which is set out below:   Doctoral students are required to accumulate a minimum of 4 credits by the Late Stage Review (LSR) as follows:   * By the Early Stage Assessment (ESA) – 2 credits * By the Late Stage Review (LSR) – a further 2 credits  |  |  | | --- | --- | | **Course Type** | **Number of Credits** | | Online courses | 1 | | Face-to-face workshops | 1 | | Webinars | 1 | | 1. Day Retreat | 1 | | 2 Day Retreat | 3 | | 5 Day Global Fellows Programme | 4 |  * 1. **MPhil Students**: those who are direct entry MPhil, or those being awarded with an MPhil degree having first registered for a PhD, must complete a minimum of two credits by the ESA. The LSR professional development credit requirement does not apply to MPhil students.   A full list of Graduate School courses completed by the student is attached to this form as Appendix A.  The regulations can be seen at <https://www.imperial.ac.uk/study/pg/graduate-school/students/doctoral/professional-development/attendance-requirement/>.  The examiners confirm that they are satisfied that the ESA/LSR is the student's original work, as required by College. Reports will be scanned by TurnItIn when they are uploaded to Blackboard. | | | | | | | | | | | | | |
| **Has the student completed the College’s professional skills development requirements?**  **Has the student completed the College’s compulsory online Plagiarism Awareness Course?** | | | | | | | | | | | | **YES**  **NO**  **YES**  **NO** | |
| **SECTION B: To be completed by the independent assessor(s)**  **1. Comments on progress:** | | | | | | | | | | | | | |
| Overall Assessment (mark one): | | | | Poor | Satisfactory | | Good | | | | Very Good | | |
| **2. Comments on the plan of future work:** | | | | | | | | | | | | | |
| Overall Assessment (mark one): | | | | Poor | Satisfactory | | Good | | | Very Good | | | |
| 1. **Please provide answers for the following (please tick):** 2. Does the student understand the research problem adequately? 3. Has the student a critical awareness of the relevant literature on the subject? 4. Does the student have a reasonable plan for future work in place? 5. Does the student have the capacity to pursue research? 6. Will the student complete within the registration period? | | | | | | | | | | YES  NO  YES  NO  YES  NO  YES  NO  YES  NO | | | |
| 1. **Do you recommend that registration for the PhD/MD(Res) can continue?**   *PLEASE NOTE: Continuation is conditional on completion of the prescribed professional skills development training*   1. **(A)** If YES, when, in your estimation, will the thesis be ready for submission?      1. **(B)** If NO, what course of action do you recommend? 2. Re-submit [within 3 months] 3. Transfer to MPhil registration (not applicable for MD(Res)) 4. Fail/withdraw | | | | | | | | | | **YES**  **GO TO 4(A)**  **NO**  **GO TO 4 (B)**  …………………………………………  YES  NO  YES  NO  YES  NO | | | |
| **Signatures of Independent Assessors** | | | | | | | | | | | | | |
| Assessor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Assessor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Assessor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| **The completed form should be returned to the Supervisor(s) together with a copy of the student’s report.** | | | | | | | | | | | | | |
| **SECTION C – To be completed by the Supervisor(s) following the LSR assessment**  Supervisors should discuss this section of the form with their student prior to completion. | | | | | | | | | | | | | |
| Feedback from the Supervisor(s) to the student on the LSR Assessment outcome and future research activities: | | | | | | | | | | | | | |
| Feedback and discussion between the Supervisor(s) and student on the student’s training and development. Supervisors may wish to cover the following as part of this conversation:   * Departmental and technical courses completed by the student and future training * Graduate School professional skills courses completed (see appendix A) and future recommendations * Other training and development opportunities, including those suited to the student’s future career plans | | | | | | | | | | | | | |
| Main Supervisor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Co-supervisor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Co-supervisor’s Signature |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Assistant Supervisor’s Signature: |  | | | | | | | Date: | | | | | |
| Name (Block Capital) |  | | | | | | | Department: | | | | | |
| Student’s signature |  | | | | | | | Date | | | | | |
| Name (Block Capital) |  | | | | | | | Department | | | | | |
| **SECTION D: Recommendation of Director of Postgraduate Studies (or nominee)** | | | | | | | | | | | | | |
| **Registration for the PhD/MD(Res) should continue?**  If NO, what course of action do you recommend?     1. Re-submit [within 3 months] 2. Transfer to MPhil registration (not applicable for MD(Res))   If transfer is recommended, please give reason:   * Non completion of professional skills development * Academic performance  1. Fail/withdraw | | | | | | | | **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO** | | | | | |
| Signature of Community Head or nominee: | |  | | | | | | | | Date: | | | |
| **Director of Postgraduate Studies signature will be added after form is uploaded.** | | | | | | | | | | | | | |
| Signature of Director of Postgraduate Studies or nominee: | |  | | | | | | | | Date: | | | |
| Print name (block capitals): | | Professor Ben Sauer ph.dps@imperial.ac.uk | | | | | | | | | | | |

## Appendix A: Training and development – to be completed by student and/or department ahead of the LSR assessment.

Graduate School Courses attended [please list]

Technical and other training completed [please list]

**Physics Department**

## Proforma: Transfer – Feedback to Student for 24M LSR assessment

If feedback is given as part of the LSR meeting this section does not need to be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| Student |  | **Date of 24M progress exam** |  |
| **Group** |  | | |
| Supervisor(s) |  | | |
| **Assessor(s)** |  | | |

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| --- |
| **TO BE COMPLETED BY THE ASSESSOR(S)** |
| **1. Quality of written transfer report** |
| **2. Performance in oral examination** |
| **3. General knowledge of research topic** |
| **4. Other comments** |
| **Signatures:**  Assessor(s) Date |
|  |
| **TO BE COMPLETED BY THE SUPERVISOR(S)** |
| **24M assessment successful? YES / NO**  (delete as appropriate)  **If NO, please state if and when the student will attempt the 24M assessment again:** |
| **Comments by the supervisor(s)** |
| **Comments by the student** |
| **Signatures:**  Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor(s) |