CECS HDR bi-annual monitoring

Part 1: To be completed by the student (candidature details can be viewed at http://isis.anu.edu.au)

Name: ___________________________________ Student No.: __________________

School (please tick appropriate): ☐ Engineering ☐ Computer Science

Which research group do you belong with: (http://cecs.anu.edu.au/research/groups)

_____________________________________________________________________________

Program start date: ______________ Maximum submission date: ______________

Please list any scholarships you are receiving and their start/end dates:

Name: __________________________ Start date: ______________ End date: ______________

Name: __________________________ Start date: ______________ End date: ______________

Name: __________________________ Start date: ______________ End date: ______________

Thesis topic: __________________________ __________________________

Supervisory panel:
(List all members of your supervisory panel and their role)

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<thead>
<tr>
<th>Full Name</th>
<th>Role</th>
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Part 2: To be completed by the supervisory panel

Date of review: __________________

Monitoring form: ☐ Seminar/Presentation ☐ Other

Has the student addressed the items listed in the CECS 2010 HDR Study Program (http://cecs.anu.edu.au/current_students/2010_Study_Program) to the satisfaction of the panel?

☐ Yes ☐ No

The student’s progress since the last monitoring session has been:

☐ Satisfactory ☐ Marginal ☐ Unsatisfactory
Please provide comment on the student’s progress and any issues that may have come up since the last monitoring session:

Part 3: To be completed by the student

Please provide any comments you wish in response to those left by your supervisory panel above:

Student (print name): __________________________________________________________

Signature: ___________________________    Date: __________________

Part 4: To be completed by the supervisory panel

Chair of Panel (print name): _____________________________________________________

Signature: ___________________________    Date: __________________

Please return completed form to your local HDR administrator.

Delegated Authority (print name): ______________________________________________

Signature: ___________________________    Date: __________________

Comment: ____________________________________________________________________