# Assessment of Qualifying Report of Research Degree Candidature

**(Joint PhD Programme Offered by CityU and the Mainland Universities) (SGS35A)**

**Notes to Student:**

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| --- | --- |
| 1. P  **H** | lease submit the following items to your research supervisor **on or before 31 May (of the first academic year in**  **ong Kong/Suzhou/Shenzhen campus)** for assessment: |
| (i) | a soft copy of Qualifying Report; |
| (ii | ) a copy of the Cover Sheet, Study Plan and Submitted/Approved Planner from AIMS (Student Record ð My Study Details (for Research Degree Programmes), the Planner should include the list of publications during  research studies at CityU; |
| (ii | i) this assessment form with Section A duly completed; and |
| (i | v) a recent unofficial transcript which is downloadable from AIMS (Student Record à Grade Detail). Please  also fill in Section B1(a) and (b) accordingly. |

Students (commenced study on 1 September 2018 and thereafter) are required to pass the online training course on research integrity, namely Collaborative Institutional Training Initiative (CITI) programme. Students who failed to obtain a passing score by the Qualifying period would be given a chance to re-submit the results of the CITI programme within 6 months after the first assessment of Qualifying Report. If they still failed to obtain a passing score after the second attempt, they are deemed as fail in the qualifying assessment and their studentship, if applicable, could be discontinued. See AIMS (Student Record ð My Study Details (for Research Degree Programmes ð Planner) for details.

**Notes to Qualifying Panel:**

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| 1. T | he Qualifying Panel is invited to |
| (i) | complete Section C of this form; |
| (ii | ) forward the form to the student concerned for completion of Section D; and |
| (ii | i) seek the approval of the Department Head in Section E. |
| 2. **P su** | **lease forward the completed form to SGS by 30 June; otherwise, the stipend of the student will be spended accordingly.** |

**Section A Details of the Student’s Candidature**

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| --- | --- | --- |
| Name: | CityU Student No.: | Study End Date: |
| Commencement Date: | Department/School: |  |
| Prog./Mode: | Stipulated Report Submission Date: | **31 May 20** |

**Section B Coursework Plan** *Please note that PhD students are required to complete 14 credit units (normal requirement) unless exemption/credit transfer is approved by the Department/School.*

|  |  |
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| **1.** | **Credit Units prescribed by the Qualifying Panels:** **Credits** |

|  |  |
| --- | --- |
| (a) | Institution Credits *(To be filled by the student. Please refer to the transcript attached by the student for details.)* |

Credits earned:       Cumulative GPA:

|  |  |
| --- | --- |
| (b) | Courses Taken in Other Institutions *(not including the courses taken in the mainland universities under the*  *Collaboration Schemes)* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | | Course Code | Course Title  (Name of the Offering Institution, Country) | | | Credits | Grade/Marks |
| **2.** | | **Credit Transfer Approved:** **Credits** | | | **3.** | **Credit Exemption Approved:** **Credits** | | | |
| *(Please tick as appropriate)* | | | | | | | | | |

## Section C Assessment of the Student’s Academic Performance (to be completed by the Qualifying Panel)

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| **1.** | **Report Received On:** **(dd/mon/yyyy)** |

|  |  |
| --- | --- |
| **2.** | **Comments on the Student’s Coursework Performance:** |

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| --- | --- |
| **3.** | **Comments on the Qualifying Report:**  *(In accordance with the regulations, the qualifying report shall include “a survey of the relevant literature, an identification of a specific research topic, the research methodology and a discussion on the possible outcome.”)* |

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| --- | --- |
| 4**.** | **Assessment on oral examination (compulsory for students commenced study on or after 1 September 2019):** |
| 5**.** | **If other assessment(s) have been arranged, please provide details and comments:** |

Interview  Seminar presentation

Others (please specify):

Comments:

|  |  |
| --- | --- |
| **6.** | **Recommendations** |

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| --- | --- |
| (a) | Recommendation for Continuation of Studies |

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| --- | --- | --- | --- | --- | --- |
| The student’s overall performance is: | Excellent | Good | Fair | Not Satisfactory | Poor |

Please specify any recommendations for improvement if the student’s performance is not satisfactory:

In view of the above, we recommend that:

## the student be allowed to continue with PhD study.

**the student be required to submit a revised qualifying report by**  **.** **the student’s study be terminated.**

*[For recommendation of study termination on academic grounds, the supervisor is requested to complete a study termination form (SGS38) which can be downloaded from SGS website.]*

## Others:

|  |  |
| --- | --- |
| (b) | Recommendation for Continuation of Stipend by the Supervisor |

*[Note: Students who did not fulfill the threshold requirement (i.e. a minimum cumulative GPA of 2.50) will have their studentship discontinued. The Working Group on Mainland Research Student Collaborations decided that the above-said requirements also apply to stipend recipients under the mainland collaboration schemes, however, a probation period of 1 semester will be given to these students. Students, who fail to attain the above requirements after the probation period, will have their stipend suspended in the following month.]*

|  |  |
| --- | --- |
|  | I recommend continuation of the Stipend for 12 months. |
|  | I recommend continuation of the Stipend for a tentative period of      month(s). |
|  | I do not recommend continuation of the Stipend. The Stipend will be discontinued from the month following the qualifying report assessment. |

|  |  |  |  |  |
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| Name of Supervisor, CityU |  | Signature |  | Date |
| Name of Supervisor, Partner Institution |  | Signature |  | Date |
| Name of Qualifying Panel Member,  CityU |  | Signature |  | Date |

|  |  |
| --- | --- |
| Student Name: **(SID: )** | Programme: PhD |

## Section D Feedback from the Student (to be completed by the student)

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| --- | --- |
| **1.** | **Feedback on the assessment and comments made by your Qualifying Panel:** |

|  |  |
| --- | --- |
| **2.** | **Feedback on your overall educational and learning experiences (including coursework study, research and**  **academic related duties assigned by your department/school, if applicable) at CityU and any suggestions for improvement, if deemed necessary:** |

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| --- | --- |
| **3.** | **I undertake to abide by the rules governing stipend, if applicable.** |

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| --- | --- | --- | --- | --- |
| Student Name |  | Signature |  | Date |

**Section E Approval by the Department Head**

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|  | * **approve** |  |
| **I** | * **do not approve** | **the Qualifying Panel’s recommendations as detailed in Section C6.** |

Comments on the Qualifying Panel’s assessment, the student’s feedback and other general comments, if any:

|  |
| --- |
| Signature: |
| Date: |
| Department Head ( ) |

## o Please return the completed form to SGS for processing f