CONFIRMATION REVIEW FORM

Note: a copy of this form will be sent to the student’s University email account following Faculty approval

SECTION 1: STUDENT DETAILS – DEPARTMENT TO COMPLETE

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Number</td>
<td>Department/Programme</td>
</tr>
<tr>
<td>First entry date: DD MM YYYY</td>
<td>Current time limit: DD MM YYYY</td>
</tr>
</tbody>
</table>

SECTION 2: RECOMMENDED OUTCOME OF CONFIRMATION REVIEW – DEPARTMENT TO COMPLETE

- [ ] PASS (Doctoral status confirmed)
- [ ] FAIL (Student to transfer to MPhil) - Normally only recommended after 2nd attempt

Supporting Statement - for completion by the Confirmation Review assessor(s): Please cover the following details and attach any relevant supporting material, e.g. departmental forms:
- a description of the assessment procedure/copy of panel report, where available
- an evaluation of the student's performance

Doctoral Development Programme: Has the student provided adequate evidence of engagement with the DDPP
- [ ] Yes
- [ ] No

Please provide a short statement outlining significant DDP activities undertaken to date, as well as future training plans, or attach relevant details of modules/training the student has taken, e.g. a completed TNA.

Ethical Approval: Is ethics approval required for the research connected with this thesis?
- [ ] Yes
- [ ] No
- [ ] N/A

If yes, has ethics approval been granted via the appropriate ethics review procedure?
- [ ] Yes
- [ ] No

Is this a healthcare project as defined by the Department of Health Research Governance Framework? If yes, an URMS record should be created and approved.
- [ ] Yes
- [ ] No

Vaccinations: Has the student completed the appropriate course of vaccinations?
- [ ] Yes
- [ ] No
- [ ] N/A

Assessor's Name: Signature: Date:

Assessor's Name: Signature: Date:

HoD/PG Tutor Name: Signature: Date:

Completed forms should be sent to your Departmental PGR Administrator who will forward them to RS.
SECTION 3: TO BE COMPLETED BY RESEARCH SERVICES

<table>
<thead>
<tr>
<th>End date for payment of tuition fees:</th>
<th>DD</th>
<th>MM</th>
<th>YYYY</th>
<th>Time limit for submission of thesis:</th>
<th>DD</th>
<th>MM</th>
<th>YYYY</th>
</tr>
</thead>
</table>

For completion only in the event of a Fail where the student is studying on a Tier 4 visa:

ISS notified of fail?  ✔ Yes  ☐ No  

New ATAS required?  ✔ Yes  ☐ No  

'REGBLOCKED' status applied?  ✔ Yes  ☐ No  

New ATAS received?  ✔ Yes  ☐ No  

Is the student in receipt of a Doctoral Loan  ✔ Yes  ☐ No  

(if yes, and the student has failed, this must be reported to the SLC)

Approved on behalf of the Faculty by:

Name:  
Signature:  
Date: