PROGRESS REPORT
FOR AUSTRALIA AWARDS RESEARCH STUDENTS

Complete this form and attach your research plan. The research plan must include details from the beginning of your research until the submission of the thesis (by the scholarship end date). Return the completed form and research plan to an Australia Awards Student Contact officer.

Note: Australia Awards have very strict policies on extensions. Extensions are never automatic as funds are not always available, even when delays are unavoidable.

Most research programs experience temporary setbacks. Students and supervisors can prevent setbacks through early clarification of any issues and consultation with colleagues, Head of Departments, faculties and the University’s Manager of Australian Government Scholarships Program.

YOUR DETAILS
Student ID: ____________________________
Full name: ___________________________________________
Course: _____________________________________________
Start date: ________________        End date: ________________
Thesis topic/title: _____________________________________________

SUPERVISOR’S DETAILS
Name: ______________________________________________
Email: ______________________________________________
Phone number: _______________________________________

RESEARCH DETAILS
student and supervisor to complete
Semester: _____        Year: ______________

Brief summary of your research progress to date:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Can the research be completed by the scholarship end date?  
☐ Yes  ☐ No (include reasons)
________________________________________________________________________

Have any of the following problems affected progress over the past six months? if none, leave blank
☐ Academic background   ☐ Setting in
☐ Communication         ☐ Health/personal
☐ Interruption to supervision   ☐ Financial
☐ Access to books/equipment   ☐ Experimentation
☐ Other: ____________________________

What steps have been taken or will be taken to overcome these problems (e.g. language classes, short courses, thesis editing)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

STUDENT COMMENTS
How often do you consult with your supervisor?
☐ Daily  ☐ Weekly  ☐ Monthly

Have the consultations met your needs?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SUPERVISOR COMMENTS
Is the student’s work considered to be of Masters/PhD standard?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments, recommendations and future issues (e.g. alternative supervisory arrangements if you will be absent, measures taken to avoid delays and keep research on track):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Include your signatures in each other’s presence and keep a copy each for your own reference.
Student’s signature: ________________  Date: ______________
Supervisor’s signature: ______________  Date: ______________

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