STUDENT NAME: _____

REVIEWER: _____

The Independent Review is an opportunity to discuss your experience to-date with an independent and experienced supervisor.

Your Doctoral Co-ordinator will make arrangements to appoint an independent reviewer who will contact you to arrange a meeting.

The information in this review will be considered by the Doctoral review panel as part of the Solent's Doctoral Student Annual Monitoring. If you wish any comments to remain confidential please indicate this on the form.

This review reflects on your experience over the previous 12 months.

Please complete this form electronically, **sign** it and return to research.degree@solent.ac.uk

If you have queries, please contact **research.degree@solent.ac.uk**

INDEPENDENT REVIEW

TO BE COMPLETED BY THE STUDENT AND THE INDEPENDENT REVIEWER

Surname/Family Name:

First Name(s):

Student ID Number:

Department	Department of Arts & Music		Department of Business & Law		Department of Science & Engineering		Warsash Maritime School	
	Department of Sport & Health		Department of Social Sciences & Nursing		Department of Film & Media			
Research Theme	Engineering & Environment		Human Function & Health		Media, Culture & the Arts		Social Research & Policy	

Start date:

Mode of Study:

Full-Time		Part-Time	

Expected thesis submission date:

Collaborating establishment(s) if applicable:

Independent Reviewer:

Provisional thesis title:

Student discussion of of key issues arising over the previous 12 months (not addressed in Annual Monitoring Report)

Student's signature:

Date: /   /

Independent reviewer's summary of meeting and outcomes:

Independent reviewer's signature:

Date: /   /

Please return the completed and signed form to the Graduate School:

research.degree@solent.ac.uk

The Graduate School Office A223
Solent University
East Park Terrace
Southampton SO14 0YN
T: +44 (0) 23 8201 3207