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**Masters Degree Research Projects (120 point thesis)**

The University of Auckland has a requirement for the approval of the Masters research topic as well as a mid-year review of progress.

The School of Medical Sciences is responsible for the following academic plans:

Master of Biomedical Science (MBiomedSc) *SMS* *PG Director*

Master of Science in Physiology (MSc, Physiology) *HoD Physiology*

Master of Science in Pharmacology (MSc, Pharmacology) *HoD Pharmacology*

To administer this academic requirement the **SMS Masters Advisory Committee (MAC)** has been established with HoD nominated representatives from from SMS departments and disciplines:- Anatomy & Medical Imaging, Molecular Medicine and Pathology, Nutrition, Oncology, Pharmacology and Clinical Pharmacology, Physiology and the Auckland Cancer Society Research Centre. Representatives from the Liggins institute, the School of Medicine and the School of Biological Sciences are also members of this committee.

The SMS-MAC will meet at least twice a year to review new project proposals and to assess mid-year progress reports for approval by the relevant academic head.

All Masters research supervisors are required to ensure that (a) an initial outline of the project has been prepared with the student *prior* to the start of the project; and (b) that a mid-year review is completed.

Forms should be submitted to the SMS Group Services Coordinator [v.moraes@auckland.ac.nz](mailto:v.moraes@auckland.ac.nz)

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**Masters Degree Research Project**

**PROGRESS FORM**

Semester 1 enrolment: progress report due 30 August

Semester 2 enrolment: progress report due 31 January

December enrolment: progress report due 30 April

* This form should be completed in consultation with your supervisor.
* The proposal is to be signed as indicated at the end of the form.
* Please save the form using your last name then first name followed by the semester and year you enrolled, e.g**. SMITH Jane, S1 2017**. Files can be submitted as a word doc or a pdf.
* The form should be submitted to Virginia Moraes, Building 505, Level 1, Room 501 102, Desk 5 or email ([v.moraes@auckland.ac.nz](mailto:v.moraes@auckland.ac.nz) )
* The SMS-Masters Advisory Committee will make a recommendation to the appropriate Academic Head and inform the appropriate academic line manager

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| Student: | | |
| ID: | Degree: (delete as appropriate)  MBiomedSc MSc (Pharmacology) MSc (Physiology) | |
| Start date: | Full or part time: |  |
| Main Supervisor: | | |
| Co-supervisor(s): | | |
| Project Title: | | |

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| **Brief summary of the Project Aims** |
| **If ethics approval was pending at the start of your project please indicate the current status and/or approval number:**  Any comments:  Have you prepared a substantial piece of written work to the satisfaction of your supervisor?    Yes /No (delete as appropriate)  If yes please indicate the nature of this piece of work.  If no please comment as to why not.  Have you received feedback on your work from your supervisor(s)? |
| **Experimental progress to date:** (expand this section as required) |
| **Problems- if any**: (expand this section as required)  E.g. experimental/logistical difficulties etc.  **COVID-19 related delays**: Specifically include the impact of COVID-19 restrictions (e.g. difficulty working from home, lab access etc)  (NOTE: *Any personal factors outside of the university that may affect your progress can be discussed with your Programme Director, SMS PG Director and/ or Student Support Advisor)*. |
| **Work to be completed:** (expand this section as required) |
| **Original timeline and any amendments to original timeline based on progress to date**  (Expand as required) |
| Thesis submission must occur by the following dates:   * First semester enrolment – 28th February * Second semester enrolment – 15th July * December enrolment – 30th November   Please note: **You are expected to complete and submit your thesis *within* the 12 month period** (if registered full time). Limited extensions to this completion deadline can only be considered in **exceptional circumstances** *beyond the students’ control*. N.B. Eligibility for honours may lapse. If such exceptional situations arise you MUST FIRST DISCUSS this with theSMS postgraduate directorwell in advance of the submission deadline.  Please remember to comply with the copyright act of 1994. Iffigures or tables from publications have been included the thesis then the student should either:  a) obtain written permission to use the material and attach copies of each permission. Or  b)  remove the material from the digital copy of the thesis; fully reference the deleted materials and, where possible, provided links to electronic sources of the material. Further information on the **thesis consent form and copyright** can be found at: <https://www.auckland.ac.nz/en/for/current-students/cs-current-pg/cs-current-pg-policies/cs-pg-non-doctoral-forms.html>  Students who are enrolled in MEDSCI 796, (i.e. MBiomedSc) must submit their thesis at the **Faculty Medical and Health Sciences** Student Centre, Grafton campus.  Students who are enrolled in PHARMCOL 796 or PHYSIOL 796 (i.e. MSc) must submit their thesis at the **Faculty of Science** Student Centre, Building 303, City campus. |

This progress report was prepared by

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

In consultation with:

**Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Student name:  ID: | Principal Supervisor: |
| **CONFIDENTIAL**  A separate copy of this section should be completed by BOTH the supervisor and the student and submitted to the SMS group services coordinator (Virginia Moraes [v.moraes@auckland.ac.nz](mailto:v.moraes@auckland.ac.nz))  🞎 I am satisfied with the progress so far  🞎 I am NOT satisfied with the progress so far  *please tick appropriate box*  *name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| Comments *(if required)* | |