**RESEARCH PROGRESS CONTRACT**

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| Research candidate details: | | | |
| **Surname:** |  | **First Name:** |  |
| **ID Number:** |  | **School:** |  |
| **Principal Supervisor:** |  | | |
| **Year:** |  | **Semester:** |  |

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| Goals to be achieved during the semester: (To be completed by the research candidate in consultation with the principal supervisor) | |
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| Schedule of supervisory meetings planned for the semester (i.e.: date and time): | |
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| Signatures: | | |
| **Research Candidate Name:** | **Research Candidate Signature:** | **Date:** |
|  |  |  |
| **Principal Supervisor Name** | **Principal Supervisor Signature** | **Date:** |
|  |  |  |
| **Associate Dean, Research Name** | **Associate Dean, Research Signature** | **Date:** |
|  |  |  |

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| Please submit the completed form to researchassessments@ecu.edu.au |