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|  | UC Aho Hīnātore | Accelerator ScholarshipEvaluation Form |

Please submit this evaluation form to scholarships@canterbury.ac.nz within one week of completion of your UC Aho Hīnātore | Accelerator project.

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| *Information* |
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| Student Name: |  |
| Student ID: |  |
| Senior Supervisor: |  |
| Project Title:  |  |

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| *Achievement of Learning Outcomes (500 words max. per outcome)* |
| *Describe the key achievements made in relation to the learning outcomes set at the commencement of your 12-week project. Demonstrate how you attained the learning outcomes. If you had more than three learning outcomes, please add to the list below.* ***Learning Outcome One:******Learning Outcome Two:******Learning Outcome Three:*** |

***UC Aho Hīnātore* | *Accelerator Scholarship Sign Off***

**Senior Supervisor to complete**

1. I confirm that the key learning outcomes were successfully attained. Yes [ ]  No [ ]
2. I support the student being awarded the UC Aho Hīnātore | Accelerator PhD Scholarship, and their progression to the PhD programme. Yes [ ]  No [ ]
3. The proposed PhD start date is (must be first day of a month): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a full time / part time student (please circle as appropriate).
4. The PhD course code is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I understand that if the student is wishing to study outside of Christchurch, that an Extramural Study Application will need to be completed and submitted to the UC Graduate School. Yes [ ]  No [ ]

Senior Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

 **Student to complete**

1. I confirm that I intend to progress to the PhD programme and accept the UC Aho Hīnātore | Accelerator PhD Scholarship. Yes [ ]  No [ ]
2. I agree with the proposed start date and enrolment details as provided by my Senior Supervisor Yes [ ]  No [ ]

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Head of Department/School to complete**

1. I have read this form and confirm that the Department/School supports this student’s progression to the PhD programme and the award of the UC Aho Hīnātore | Accelerator PhD Scholarship. Yes [ ]  No [ ]

HoD/HoS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean of Postgraduate Research to complete**

[ ]  Approved

[ ]  Not approved

Comments

Dean of PG Research (or delegate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_