



MASSEY UNIVERSITY  
GRADUATE RESEARCH SCHOOL

## Doctoral Research Committee

### CONFIRMATION REPORT FOR DBA AND EdD CANDIDATES

Candidate Name: .....Confirmation Due Date: .....

#### PROGRAMME DIRECTOR/CO-ORDINATOR'S COMMENTS

Please complete this proforma (DRC 13/5). The DRC 13/4 is to be completed by candidate, the DRC 13/6 is to be completed by the confirmation committee, and the DRC 13/7 is to be completed jointly by the supervisor with the candidate upon successful completion of the confirmation event.

Please discuss with the candidate the requirements for confirmation in your programme and work together towards confirmation. This form should be returned to the Graduate Research School separately from the DRC 13/4, DRC 13/6, and DRC 13/7. You should also photocopy and distribute this completed form to all members of the confirmation committee before the start of the confirmation event. If for any reason confirmation cannot be completed by the due date, please advise the doctoral secretariat ([doctoral.office@massey.ac.nz](mailto:doctoral.office@massey.ac.nz) or ext 7922/7738).

Please refer to the Handbook for Doctoral Study or your programme administration guide for the confirmation process or view on the web at <http://students.massey.ac.nz/doctoralhandbook.htm>

Thank you!

1. Is the academic unit able to continue to provide all necessary facilities for the candidate's research? **Yes**  **No**

2. Do you foresee any obstacles in providing quality supervision? **Yes**  **No**

If Yes, please elaborate:

3. Are there any difficulties affecting the progress of the candidate's work? **Yes**  **No**

Please elaborate:

4. Do you anticipate any difficulties preventing the candidate completing in the allowed time? **Yes**  **No**

If Yes, what factors (including employment or other commitments) are likely to delay completion?

5. Has the candidate:
- |                              |   |   |   |   |                           |
|------------------------------|---|---|---|---|---------------------------|
| <b>Strongly<br/>Disagree</b> |   |   |   |   | <b>Strongly<br/>Agree</b> |
| 1                            | 2 | 3 | 4 | 5 |                           |
- (a) Diligently and effectively progressed the taught courses
- (b) Shown initiative consistent with the requirements of the taught programme and doctoral level study
- (c) Made satisfactory progress in meeting the goals set in the taught courses and/or the administration guide
- (d) Demonstrated the ability during Provisional Registration consistent with being able to complete the course in the time allowed?

It is the responsibility of the programme director/co-ordinator advisor to keep the candidate regularly informed of their assessment of progress. If you have circled 1-3 in any of the above, please elaborate:

6. Have any of the following problems affected progress during the provisional period? (Please tick)
- |  |  |
|--|--|
| <input type="checkbox"/> Academic background         | <input type="checkbox"/> English         |
| <input type="checkbox"/> Access to books/equipment   | <input type="checkbox"/> Experimentation |
| <input type="checkbox"/> Understanding work expected | <input type="checkbox"/> Health/personal |
| <input type="checkbox"/> Communication with people   | <input type="checkbox"/> Financial       |
| <input type="checkbox"/> Other                       |  |

Please indicate what steps you have taken or will take to help overcome these problems:

7. In anticipation that the candidate's registration is confirmed, please advise who the proposed supervisors are who will be supervising the thesis

**Supervisor**

**Massey Co-supervisor**

Family Name: \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Academic Unit: \_\_\_\_\_  
 Campus:           AK     PN     WN  
 Phone Ext: \_\_\_\_\_  
 Cellphone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Previously supervised Doctoral thesis? Yes     No

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 Yes     No

**Non Massey Co-supervisor**

**Non Massey Co-supervisor**

Family Name: \_\_\_\_\_  
 Given Name(s): \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Full Postal Address: \_\_\_\_\_  
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 Phone Ext: \_\_\_\_\_  
 Cellphone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Previously supervised Doctoral thesis? Yes     No

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 Yes     No

The supervisor(s) is of good national, or international standard and has a research record appropriate in the candidates proposed topic area to supervise this programme?  
Yes            No

Please state your reasons for recommending the supervisor(s) are of good national, or international standard, or are new and emerging of high potential

I have assessed the supervisor(s) existing workload and confirm that the supervisor will be able to allocate sufficient time to supervise this programme  
Yes            No

**Once you have completed this form, please return to the GRS (PN 713).**

**Programme Director/Co-ordinator Signature: .....**

**Date: .....**