SSRA INITIAL MEETING FORM

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| **This form must be completed for Credit Bearing and Non-Credit Bearing students and needs to be included within the PDF submission of each Research Report** |
| **Record From Initial Meeting** |
| **Student Name:** |  |
| **Student Number:** |  |
| **Date of First Meeting:** |  |
| **Stage/Programme:** |  |
| **Research Aims and Objectives**(To be completed **by the student** following discussion with the principal Supervisor/Co-Supervisor **PRIOR TO** commencement of the Research Elective) |
| **Title of Project:** |  |
| **Objectives of Research Project (MUST BE TYPED)** |
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| **Declaration by Student** |
| I have met with my **SUPERVISOR** (Name: ) and/or **CO-SUPERVISOR** (Name: ) **AND** discussed my **OVERALL** research objectives and expectations for the forthcoming 8 week research elective.  |
| **Signature of Student:** |  |
| **Date:** |  |
| **Declaration by Supervisor and Co-Supervisor and/or PACE-R Supervisor** |
| We have met with the above named student, discussed their research objectives and made clear the required expectations from them for the forthcoming 8 week Research Elective. If applicable the student has also been furnished with the appropriate **Ethics documentation** for their study. We understand that this forms part of their Research Assessment.  |
| **Supervisor Name:** |  | **Supervisor Signature:** |  |
| **Co-Supervisor Name:** |  | **Co-Supervisor Signature:** |  |