**Middlesex University**

**Research Degree**

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| **Supervisory Session Record** |  | **Student Number**  |

**For the degree of -**

**Submitted by (School) -**

**Date -**

**This form should be completed during or immediately following each tutorial and a copy forwarded to** **ResearchDegrees@mdx.ac.uk**

**1 The Student & Supervisor**

|  |  |  |
| --- | --- | --- |
| Student |  | Signature |
| Director of Studies/ supervisor(s) present |  | Signature |

**2 Details of Supervisory Session**

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| **2.1** Mode of supervision / feedback(face to face, phone, skype etc) |
| **2.2** Summary of supervisory discussion |
| **2.3** Action points |

Planned date of next session (if known)