PROJECT MANAGEMENT FORM 2

**1st Part II Project Analysis Form**

Complete this form and send a copy to the Academic Administrative Office by Friday of 6th week of Michaelmas Term

Name:

Title of Project as given in your Project Description:

Refer back to the project plan in your Project Description and list the goals you set for this term. Comment briefly on the extent to which you have achieved them.

Identify clearly any difficulties you have encountered. Are they surmountable in the time available?

State any refinements, modifications or replacements of the original objectives for your Part II project:

Are you intending to change the title of your project? If so, state the new title:

Have the training needs you identified in the Project Description been met, and have you identified any further training requirements?

Tick the appropriate box. Do you have:

Results  None  Some  Sufficient

Analysis of results  None  Some  Sufficient

Do you have any other comments you wish to make?

After looking at the project plan in your Project Description complete the following project plan for the remainder of your Part II.

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| **Task** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** |
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| Writing up |  |  |  |  | xxxxx | xxxxx | xxxxx |

General comments by the supervisor:

Your signature: Your supervisor's signature:

Date: Date: