PROJECT MANAGEMENT FORM 3

**2nd Part II Project Analysis Form**

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

Name:

Title of Project:

Refer back to the project plan you made last term 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 objectives you set for your Part II project:

Are you intending to change the title of your project?

 [ ]  Yes. If so, state the new title:

 [ ]  No

What is the title of the talk you will give to the Department?

Have all your training needs for this project now been met?

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?

General comments by the supervisor:

Your signature: Your supervisor's signature:

Date: Date: