**Deakin University**

# Internal Career Pathway Placement Academic Mentor Final Project Report

This form is to be completed by the Academic Mentor, who has been the primary supervisor for the Higher Degree by Research student throughout the duration of the placement.

Please return the completed form to phdxtra@deakin.edu.au. If you have any queries, please contact the Graduate Research Academy on 03 522 73494.

# Student details

|  |  |
| --- | --- |
| Surname  |  |
| Given name  |  |
| Student ID |  |
| Email address  |  |

# Academic Mentor details

|  |  |
| --- | --- |
| Surname  |  |
| Given name  |  |
| Deakin title/role |  |
| Email address  |  |

# Placement details

|  |  |
| --- | --- |
| Project title |  |
| Faculty/Institute  |  |
| Were the objectives of the project delivered to your satisfaction? If not, please provide information on the shortfalls.  |  |
| Did the student have the skills, knowledge and initiative to adequately perform their duties?  |  |
| Please provide a brief outline of any constructive feedback that may be beneficial to the student.  |  |

# Academic Mentor declaration

|  |  |
| --- | --- |
| Would you support future student placements? If no, why?  | Yes [ ]  No [ ]  |
| Other comments |  |
| Signature  |  |
| Date |  |