

**1. STUDENT DETAILS**

FAMILY NAME: _____ STUDENT ID: _____
GIVEN NAMES: _____ TITLE: Mr, Ms, Mrs, Dr, etc. _____
SCHOOL: _____ TELEPHONE NO: _____
DEGREE: _____

 DOMESTIC STUDENT INTERNATIONAL STUDENT**2. STUDENT'S REPORT ON PROGRESS**

Please outline the progress you have made in the development of your English language skills in the 12-month period immediately after enrolment in your current program of study. **Please address specifically the progress made in relation to the fulfilment of the program of English language support requested of you after the completion of your DELNA Diagnostic.** Please attach additional pages if necessary.

3. STUDENT'S SIGNATURE

Signature:

Date:

4. SUPERVISOR(S) REPORT ON STUDENT'S PROGRESS

After discussion with the student, do you endorse the information provided by them in relation to their English language skills achievements? YES / NO

If NO, please provide more information (attach a separate sheet if necessary):

Please indicate your view of the student's current English language competency:

Written English

a. Satisfactory b. Needs development c. Needs considerable development

Spoken English

a. Satisfactory b. Needs development c. Needs considerable development

5. RECOMMENDATION

I have reviewed the student's DELNA report and I recommend that :

- The student has fulfilled the English language development obligations arising from the DELNA assessments and this milestone should be approved.
- The student has not adequately addressed the English language development concerns arising from the DELNA assessments and this milestone should not at this point be approved.
- other (please specify):

6. COORDINATING SUPERVISOR, OR PRINCIPAL & COORDINATING SUPERVISOR, AND GRADUATE RESEARCH COORDINATOR - APPROVAL AND COMMENT (Please comment, indicating approval or otherwise).

Coordinating Supervisor or Principal & Coordinating Supervisor signature: _____ Date: _____

Coordinating Supervisor or Principal & Coordinating Supervisor name (please print): _____

Graduate Research Coordinator signature: _____ Date: _____

Graduate Research Coordinator name (please print): _____

7. JOINT SCHOOL (if applicable):

Coordinating Supervisor or Principal & Coordinating Supervisor signature: _____ Date: _____

Coordinating Supervisor or Principal & Coordinating Supervisor name (please print): _____

Graduate Research Coordinator signature: _____ Date: _____

Graduate Research Coordinator name (please print): _____

8. GRADUATE RESEARCH SCHOOL USE ONLY

Milestone approved Milestone not approved Further action required

UWA DELNA Coordinator OR
Authorized Graduate Research School Officer Date