



UNIVERSITY OF EMBU

POSTGRADUATE PROGRESS REPORT FORM

INSTRUCTIONS

1. To be filled in by the student and submitted to the Chairman of the Department (CoD) for onward transmission to the Director, Board of Postgraduate Studies through the School. **The CoD and Dean should retain copies of the duly completed forms.**
2. Each student is required to fill and forward the progress report form through their supervisors to the office of the Director, Board of Postgraduate Studies through the respective Department and School.
3. Postgraduate students are required to consult their supervisors at least once a month and to submit a report every three (3) months for Master’s students and every (6) months for PhD students.

PART I: To be completed by the student

Student’s Name:.....Registration No:.....

Year of Admission:.....School/Institute:.....Department:.....

Thesis/ Project Title:

This report is the 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th 12th (Tick where appropriate) and covers the period between.....and

Summary of work completed (Attach summary of the work not exceeding one (1) typed page of font Times New Roman, font size 12 and 1.5 spacing)

a) Proportion (%) of original work plan completed (attach the original work plan)

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b) Constraints/problems/advantages/benefits (if any) and suggestions

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c) Summary of work plan for the next three (3) months for Master’s and six (6) months for PhD

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Signature:.....Date:

d) Confirm if monthly meetings were held with supervisors (YES/ NO)

..... (provide details of the meetings held in the attached reporting template)

Signature:.....Date:.....



PART II: To be completed by Supervisors

1. Supervisor's Name:.....
Comments:

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Signature:.....Date:.....

2. Supervisor's Name:.....
Comments:

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Signature:.....Date:.....

3. Supervisor's Name:.....
Comments:

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Signature:.....Date:.....

4. Supervisor's Name:.....
Comments:

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Signature:.....Date:.....

PART III: To be completed by Chairperson of the Department

Name of Department:.....
Comments:

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Signature:.....Date:.....

PART IV: To be completed by the Dean/Director of School/Institute

Name of School/Institute:

Comments:

Signature:.....Date:.....

PART V: To be completed by the Director, Board of Postgraduate Studies

Comments:

Signature:.....Date:.....

NOTE THAT: Additional pages/documents may be attached by any of the above parties where deemed necessary.

Student/ Supervisor Consultation Meetings Reporting Template

Provide a summary of the issues discussed and the agreed way forward in each meeting with each supervisor consulted. At least one Supervisor should be consulted in each month.

Month one

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:

Month two

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:

Month three

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:

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Date Sign. of Student: Sign. of Supervisor:



Month Four (PhD Only)

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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....

Month Five (PhD Only)

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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....

Month Six (PhD Only)

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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....
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Date Sign. of Student:..... Sign. of Supervisor:.....