



**UNIVERSITY OF EMBU**  
**BOARD OF POSTGRADUATE STUDIES**

**POSTGRADUATE PROGRESS REPORT FORM**

**INSTRUCTIONS**

1. To be filled in triplicate: One copy to be retained by the Department, one copy by the School and one copy to be forwarded to BPS by the respective the Dean/Director.
2. Each student is required to fill and forward the progress report form through the 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 MSc students and every (6) months for PhD students.
4. Each postgraduate student supervisor is required to complete a separate form for each student.

**PART 1: To be completed by the student**

Student's Name: .....Registration No: .....  
Year of Admission: .....School/Institute: ..... Department: .....

**Title of Thesis:** .....  
.....

This report is the 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9<sup>th</sup>, 10th, 11<sup>th</sup> 12<sup>th</sup> (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 times new roman size 12 and 1.5 spacing)

**a) Proportion of original work plan completed (Please 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**

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.....  
.....

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: .....

**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: .....

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

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

Comments: .....

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

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