

# UNIVERSITY OF IRINGA



(To be filled quarterly)

**PERIOD COVERED:** From ..... To ..... (Date)

## Part A: To be completed by the student

- (1) Name of Student: .....
- (2) Registration No: ..... Date of Registration .....
- (3) Degree Programme: .....
- (4) Nature of Programme (*Please tick in the box next to the programme*):

Research and Thesis		Coursework and Dissertation	
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- (5) Department: ..... Faculty.....
- (6) Planned Date of Completion: .....
- (7) Name(s) of Supervisor(s):
  1. ....
  2. ....
- (8) Number of meetings with your supervisor since last report: .....

If you have not met with your supervisor(s) give reasons:

.....  
.....

**Student's self-assessment on research progress**

<b>Item</b>	<b>Nothing done</b>	<b>Half Way</b>	<b>Nearly completed</b>	<b>Completely done</b>
Introduction				
Literature Review				
Methodology part				
Data Collection				
Data Analysis				
Writing of Dissertation				

(9) List the research activities done in this quarter under report

- i).....
- ii) .....
- iii) .....
- iv) .....
- v) .....

(10) In your opinion, are you making satisfactory progress?

Yes  No  If No, state why:

.....  
.....  
.....

(11) Any other comments you would like to make:

.....  
.....

Signature of Candidate: ..... Date: .....

**Part B: To be filled by one of the supervisors (In agreement of the two)**

(12) Name of Supervisor: .....

(13) Date you were appointed to supervise the candidate: .....

(14) In case you have just been appointed, did the previous supervisor hand you any report of the candidate?      Yes       No

(15) Number of meetings with your student since the last report: .....  
If you have not met, give reasons

.....  
.....

(16) In your opinion, is the candidate making satisfactory progress?

Yes       No

(17) Any other comments you may wish to make on the candidate:

.....  
.....

Signature of Supervisor: ..... Date: .....

**Part C: To be filled by Head of Department**

(18) Comments on the Candidate's progress report:

.....  
.....

(19) Comments on Supervisors Progress report

.....  
.....

Name of Head of Department: .....

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

**Part D: To be filled by Dean of Faculty**

Comments of the Dean of Faculty on the progress report:

.....  
.....

Name of Dean of Faculty .....

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

**Part E: To be completed by the Director for Postgraduate Studies, Research and Consultancy**

(21) Comment on the progress report:

.....  
.....  
.....

Name .....

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

\* This form is to be filled in quadruplicate. Submit all four copies to the Head of Department who shall compile a report for all postgraduate students in the Department and submit to the Faculty.

