

RESEARCH STUDENT PROGRESS REVIEW FORM

(To be filled out by Master/M.Phil/PhD Research Students)

		Student Name:	Programme:
		Department:	Year:
To be	subm	nitted by the HoD / Quality Officer to the Q	EC
1. Foi	r Rese	earch Student to Complete:	
a)	Date	of admission to the Department	
b)	Date	of initiation of research	
c)	Date	of completion of Course work	
d)	Date	of submission of Synopsis / Defence	
e)	Mark	s obtained (for second year students)	
f)	Do y	ou have any comments on the level of superv	vision received?
g)	What	t do you plan to achieve over the next 3 mont	hs?
h)		ou have any comments on generic or subject ved or would like to receive internally and/or	
i)	Do y	ou have easy access to sophisticated scientif	ic equipment?
j)	Do y	ou have sufficient research material / commo	dities available?
		Student:	Date:

pervisory Committee Comments	
Principal Supervisor:	Date:
Co-Supervisor:	Date:
Co-Supervisor:	Date:
omments by HoD	
Signature:	Date:
onvener, Advance Study and Rese	earch Board
Signature:	Date:
ead, QEC Action: (including monit	toring of Follow-up action)
Signaturo	
Signature:	Date: