



Kirinyaga University

BOARD OF POSTGRADUATE STUDIES

Graduate students Progress Report

PART A: TO BE COMPLETED BY THE STUDENT

Student's name:

Reg. No: Mobile No.:

Year of Admission: School:

Department:

Title of Thesis/Project:

General objective of the study:

Number of contacts with your supervisor within the period of progress report.....

Report Number: for the period:

1. Assessment of old plans (if first report not applicable)

2. Summary of work completed

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

3. What part of work remains to be done.....

.....

4. What problem or unexpected constrain, if any have arisen.....
.....

5. Work plan for the next three (3) months PhD students and One (1) month for
masters/diplomas students:
.....

6. Comment on your supervision and if you wish, make a brief note of any issues or
concerns you would like your Dean/Chairman to know about:.....
.....

SignatureDate:

PART B: TO BE COMPLETED BY THE SUPERVISOR

First or Second Supervisor

Name:

Sign:..... Date:.....

1. Have you read and complied with the requirements for supervision given by the
Board of Postgraduate

Studies: Yes No

2. How would you describe this student's research progress this year?

Excellent Good Poor Non-existent

3. On average how often do you have supervision contacts with the student?

- Weekly monthly fortnightly quarterly
 Never

4. Do you keep written records of these supervision sessions?

- Always Occasionally Never

5. Do you consider this level of contact satisfactory?

- Yes No

6. Has this student worked consistently?

- Yes No Sometimes Very erratically

7. Please make any other comments that you would like to bring to the attention of the Dean or Chairman of your Faculty/School or department respectively:

.....
.....

8. Add your comments about supervision and make a brief note on any issue about the Thesis.....

.....