

KIBABII UNIVERSITY
SCHOOL OF GRADUATE STUDIES
ACADEMIC PROGRESS REPORT

PERIOD COVERED: From: To:..... (Dates)

PART A: TO BE FILLED IN BY CANDIDATE

- (1) Name of Candidate:.....
- (2) Registration Number:
- (3) Department/ Faculty:.....
- (4) Degree/Diploma Proposed:.....
- (5) Nature of Programme (Tick one):

	By Research and Thesis
	By Course-work and Dissertation

- (6) Date of Registration:
- (7) Planned Date of Completion:.....
- (8) Name of Supervisor (s): 1.
2.

PART B: TO BE FILLED IN BY SUPERVISOR

- (9) Name of Supervisor:.....
- (10) When were you appointed to supervise the candidate?
- (11) If you have just been appointed, did the previous supervisor hand you any report of the candidate?
 Yes
 No
 Not applicable

(12) How often have you met the candidate during the quarter under report?
 If you have not met, give reasons.....

(13) What progress has the candidate made? (Tick in the appropriate box)

Item	Nothing	About a third	Half way	Nearly complete	Completed
Literature Review					
Designing of Methodology					
Getting supplies for study					
Data collection					
Data Analysis					
Writing of Dissertation/Thesis					
Submission					

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

Yes/No.....

(15) Will he/she need an extension? Yes/No

.....

How long?months

(16) Any other comments you may wish to make on the candidates:

.....

Signature of supervisor:..... Date:.....

PART C: TO BE FILLED IN BY HEAD OF DEPARTMENT

(17) Comments on the Candidate's Progress report:

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(18) Comments on the Supervisor’s Progress report:

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.....

Name of Head of Department:

Date: Signature of Head of Department:.....

PART D: TO BE FILLED BY CHAIRPERSON, FACULTY SCHOOL

(19) Comment briefly on the Candidate/Supervisor/Head of Department’s Reports:.....

.....
.....

Name of Chairperson, Faculty Higher Degrees Committee:

Date: Signature:.....

(20) Comments of the Dean/ on the overall report:

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Name of Dean/:

Date:..... Signature:

PART E: TO BE COMPLETED BY THE DEAN SCHOOL OF GRADUATE STUDIES

(21) The candidate has paid all/part/not paid his/her fees

(22) Financial Sponsor:

(23) Other remarks/actions.....

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.....

Name of Chairperson, Senate Higher Degrees Committee:

Date: Signature:.....

- This form should be filled in triplicate.