



ALHAMD ISLAMIC UNIVERSITY

ALHAMD RESEARCH CENTRE (ARC)

www.aiu.edu.pk | www.alhamd.pk

Supervision Meeting Record

To be completed monthly by the Supervisor and sent to the Department/DRC.

Student Name:			
Program & Semester:			
Department:			
Title of the Thesis:			
Report for Research Period:	From:	To:	
Date of Meeting:		Meeting Type:	e.g. In person, Skype, email

Comments/Assessment:

1. Please include the progress of Research Paper(s) publication, if any.
2. Use extra sheet if necessary.

As per my assessment, the progress during the period is:

Excellent
 Good
 Satisfactory
 Unsatisfactory

Confirmation:

- I confirm that this meeting occurred on the specified date.
 I confirm that this is an accurate record of the discussion and agreed.

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

HOD/PC: _____ Date: _____