

## RESEARCH STUDENT PROGRESS REVIEW FORM

(To be filled out by Master/MPhil/PhD Research Students on Six Monthly Basis)

To be submitted by the HoD/Department Quality Officer to the QEC

Studen	t Name: Registration No
Progra	m: Department:
For Re	esearch Student to Complete:
1.	Date of admission to the department:
2.	Date of initiation of research:
3.	Date of completion of Course work:
4.	Number of credit hours completed:
5.	Date of Synopsis Defense:
6.	Cumulative Grade Point Average (CGPA) secured:
7.	Please outline details of progress in your research since your last review (including any research publications):
8.	Do you have any comments on the level of supervision received?
9.	What do you plan to achieve over the next 6 months?
10.	Do you have any comments on generic or subject-specialist training you may have received o would like to receive internally and / or externally?
11.	Do you have easy access to sophisticated scientific equipment?
12.	Do you have sufficient research material / commodities available?
Student	t Signature: Date:

Student Name: \_\_\_\_\_\_ Registration No. \_\_\_\_\_ **Supervisory Committee Comments:** (Please comment on and benchmark the student's progress against your University's internal and external HEC Quality Criteria for Master/PhD/MPhil Studies) Principal Supervisor Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Co-Supervisor Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **Head of Department Comments:** HOD Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Director Research, Board of Research Studies (or equivalent) Comments: Signature: \_\_\_\_\_ Date: **Director QEC Action (including monitoring of Follow-up action):** Signature: \_\_\_\_\_ Date: \_\_\_\_

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