



## POSTGRADUATE Student Progress Report

### PERSONAL DETAILS

Student Name & Surname:	<input type="text"/>
Area of Study:	<input type="text"/>
Principal Supervisor:	<input type="text"/>
Co-Supervisor/s:	<input type="text"/>
Dissertation Title:	<input type="text"/>
Date:	<input type="text"/>

### PROGRESS

*Kindly mark one or more of the following:*

The Student:

- Has kept regular contact with the Principal Supervisor and Co-Supervisor.
- Is progressing satisfactorily according to the time-frame as indicated in the Departmental guidelines.
- Is progressing steadily but will most likely require an extension of studies. (If so please indicate the length of the extension that would be required in the comments section overleaf).
- Has encountered problems which have inhibited him/her in his/her work. (If so please elaborate in the comments section overleaf).
- Has not submitted any work for a significant amount of time. (If so please indicate the date when work was last sent for your feedback in the comments section overleaf).

- Has neither submitted work nor made contact with Principal Supervisor. (If so please indicate the date of your last communication/meeting in the comments section overleaf).
- Should be asked to terminate his/her studies prematurely as no progress whatsoever has been registered and no contact has been made notwithstanding a warning issued by the Board of Studies/ Masters by Research Committee.

**COMMENTS**

*Please include your comments on the stage the student's work has reached, any feedback and/or action that you recommend being taken by the Board of Studies.*

\_\_\_\_\_  
**Principal Supervisor**

\_\_\_\_\_  
**Co-Supervisor**

FOR OFFICIAL USE	
No Action Required	Action required (As detailed below)
Chairperson Board of Studies/Masters by Research Committee	Date: