



BUITEMS

Quality & Excellence in Education

Graduate Studies Office

PhD Progress Report



Basic Information

Name of the Student

Name of Principal Supervisor

Department/ Program of Study

CMS-ID

Session

E-Mail Address

GPA/CGPA

Contact Number

Enrolment Status

Full-time

Part-time

Name of scholarships received
(if any)

To be Filled by the Student

1. Milestones achieved so far

Course work completed?	Yes	No
DQE qualified?	Yes	No
Synopsis approved by AS&RB?	Yes	No
Thesis first draft submitted	Yes	No
Thesis final draft submitted	Yes	No

4. Summary of the progress made over the last six months (Link your achievements to the objectives/goals set in your synopsis)

Empty rounded rectangular box for writing the summary of progress made over the last six months.

5. Milestones set for the next six months

Empty rounded rectangular box for writing milestones set for the next six months.

6. Problems encountered in the last six months

Empty rounded rectangular box for writing problems encountered in the last six months.

7. How often and by what means do you and your supervisor maintain contact?

[Empty rounded rectangular box for response to question 7]

8. On average how many of hours /week have you devoted to research work during the reporting period?

[Empty rounded rectangular box for response to question 8]

Dated : ___ / ___ / ___

Signature : _____

[Empty rectangular box for additional information or signature]

Principal Supervisor's comments

Dated : ___/___/___

Signature and Stamp _____

Dated : ___/___/___

**Head of Department
Signature and Stamp** _____

Dated : ___/___/___

**Dean of Faculty
Signature and Stamp** _____

Dated : ___/___/___

**Dean Graduate Studies Office
Signature and Stamp** _____

