****

**Progress Report for Postgraduate Programme by Research or Mixed-mode Candidate**

* *The student who enrolled in either a Master or a Doctoral programme by Research or Mixed-mode must submit this report every semester after the date of enrolment into the programme.*

* *The purpose of this progress report is to provide an opportunity for postgraduate students to reflect on, discuss and document the work that has been undertaken in the past semester, and to set objectives for the next semester.*

* *The report is to be completed by the student and his/her principal supervisor. The student and the supervisor are encouraged to meet to discuss the research progress and complete this form.*

* *Submission of this report is compulsory. Failure to complete will result in dismissal from the postgraduate programme.*

* *If progress is reported as unsatisfactory or inadequate to the extent that the student is unlikely to achieve the degree for which he/she has been registered, then the student will* ***not*** *be permitted to continue as a registered student. In such cases, the supervisor should provide a comprehensive case in support of any such negative recommendation.*

# Part 1: STUDENT DETAILS

|  |  |  |
| --- | --- | --- |
|  |  **Student number:**  |  |

**Family Name:**

|  |  |  |
| --- | --- | --- |
|  |  **Title:**  |  |

**Given Names:**

|  |  |  |
| --- | --- | --- |
|  |  **Email Address:**  |  |

|  |  |  |
| --- | --- | --- |
|   |  **Programme:**  |   |

**Phone Number: Faculty/School:**

|  |
| --- |
|  |
|  |

|  |
| --- |
|  |

**Current Semester: (MONTH/YEAR)**  **Title of current project:**

**Part 2: SUPERVISORY INFORMATION**

# Principal Supervisor

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name**  |  | **Title**  |  |
| **Given name**  |  |
| **Department/Faculty**  |  |
| **Institution**  |  |

#  Co-Supervisor 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name**  |  | **Title**  |  |
| **Given name**  |  |
| **Department/Faculty**  |  |
| **Institution**  |  |

# Co-Supervisor 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name**  |  | **Title**  |  |
| **Given name**  |  |
| **Department/Faculty**  |  |
| **Institution**  |  |

# Co-Supervisor 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Family name**  |  | **Title**  |  |
| **Given name**  |  |
| **Department/Faculty**  |  |
| **Institution**  |  |

**Part 3: TO BE COMPLETED BY THE STUDENT**

# OUTLINE OF PROGRESS TO DATE

*Please state what progress you have made during the past four months and what difficulties you have come across in achieving your aims. (maximum 300 words)*

|  |
| --- |
|  |

# WORK PLAN FOR NEXT SEMESTER

*Please give a brief outline on your plan for the next four months in terms of how to overcome difficulties and what remains to be done. (maximum 200 words)*

|  |
| --- |
|  |

# CONFERENCE ATTENDANCE OR FIELDWORK (*if applicable*)

|  |  |
| --- | --- |
| **Name of Conference**  |  |
| **Place**  |  |
| **Date**  |  | **Oral or Poster**  |  |
| **Title of Presentation**  |  |
|  |

# PUBLICATION (*if applicable*)

|  |  |  |
| --- | --- | --- |
| **Author(s)**  |  |  |
|  |  |
| **Title**  |  |  |
|  |  |
| **Journal Name**  |  |  |
| **Year**  |  | **Volume**  |  | **Page**  |  |

**EXTENSION OF CANDIDATURE (*if relevant*)** *(The maximum periods of extension is four months)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Periods of Extension (month)**  |  |  **Date (until)**  |  |
| **Reason**  |  |

# OTHERS TO BE ADDED

|  |
| --- |
|  |

**I certify that I have read the comments and recommendations made by my supervisor(s) with regards to my progress, as in Part 4 of this form.**

**Student’s Signature: Date:**

**Part 4: TO BE COMPLETED BY THE PRINCIPAL SUPERVISOR**

# SUPERVISOR’S COMMENTS

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  **No**  |  |

# i). I confirm that the student has maintained satisfactory progress. Yes

|  |  |  |
| --- | --- | --- |
|  |  **No**  |  |

# ii).The student should continue in the programme. Yes

**iii). If ‘NO’ please provides reasons:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature: Date:**

# Part 5: TO BE COMPLETED BY THE HEAD OF POSTGRADUATE STUDIES

**Received and verified by the Head of Postgraduate Studies:**

**Name:**

**Signature: Date:**

#  (DD/MM/YR)

**HoPG’s comments (*if any*):**

|  |
| --- |
|  |