



# SOUTH EASTERN KENYA UNIVERSITY

## BOARD OF POSTGRADUATE STUDIES

### Progress Report for Postgraduate Students

*This report is to ensure that candidates continue to be on track to complete their thesis/dissertation within the set timeframe. It should be completed promptly – at 3 months interval for full-time and 6 months interval for part-time thesis students and 10<sup>th</sup> week of final semester for project students.*

#### SECTION A

To be completed by the student

(I)

Name:		Student Reg. No:	
Department:		School:	
Date Research Proposal was approved by School.		Ethics application number (If applicable)	
Email Address:		Cellphone No:	
Enrolment Status:	Full-time	Scholarship (Name of sponsor if applicable)	
	Part-time		

(II) DEGREE PROGRAMME: \_\_\_\_\_

(III) TITLE OF THESIS/DISSERTATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(IV) NAMES OF SUPERVISOR(S):**

- 
- 1) .
  - 2) .
- 

**(V) Description of the study**

*[Briefly state the purpose and objectives of your study.]*

**(VI) Progress to date**

*[Say, in maximum two paragraphs, what you have achieved thus far, indicating percentage of work covered so done.]*

**(VII) Give the work plan for the next 3 months (full-time students), 6 months (part-time students)**

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B**

**To be completed by the main supervisor**

**Comments by the supervisor**

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C**

**To be completed by the Head of Department**

**Comments by Head of Department**

Head of Department's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D**

**To be completed by the Dean of the School**

**Comments by the Dean of School**

Dean of School's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E**

**To be actioned by the Director, Board of Postgraduate Studies**

- |      |   |             |
|------|---|-------------|
| I.   | <input type="checkbox"/> Acknowledge Receipt to student                   | Date: _____ |
| II.  | <input type="checkbox"/> Acknowledge Receipt to supervisor                | Date: _____ |
| III. | <input type="checkbox"/> Original to Board of Postgraduate Studies        | Date: _____ |
| IV.  | <input type="checkbox"/> If on scholarship in Section A, copy to Sponsor. | Date: _____ |
| V.   | <input type="checkbox"/> A Report to the Board of Postgraduate Studies.   | Date: _____ |