

**UNIVERSITY OF DAR ES SALAAM
DIRECTORATE OF POSTGRADUATE STUDIES**

**POSTGRADUATE STUDENT ACADEMIC PROGRESS REPORT*
(To be filled bi-annually)**

PERIOD COVERED: From To (Dates)

PART A: TO BE FILLED BY CANDIDATE

- (1) Name of Candidate:
- (2) Registration No.
- (3) Department/College/School/Institute
- (4) Degree/Diploma Proposed:
- (5) Nature of Programme (Tick one):

	By Research and Thesis
	By Course-work and Dissertation

- (6) Date of Registration:
- (7) Planned Date of Completion:
- (8) Progress made so far for the Coursework Phase:

Courses Taken	Semester I	Semester II	Final Examination Grade

PART B: TO BE FILLED BY THE MAIN SUPERVISOR (FOR RESEARCH PHASE)

(9) Name _____ of Supervisor.....

(10) When were you appointed to supervise the candidate?

(11) If you have just been appointed, did the previous supervisor hand you any report of the candidate? Yes No Not applicable

(12) How often have you met the candidate during the quarter under report?
 If you have not met, give reasons

(13) What progress has the candidate made so far for the Dissertation/Thesis?
 (Tick in the appropriate box)

Item	Nothing	About a third	Half Way	Nearly completed	Completed
Literature Review					
Designing of Methodology					
Getting supplies for study					
Data Collection					
Data Analysis					
Writing of Dissertation/Thesis					
Submission					

In your opinion, is the candidate making satisfactory progress? Yes/No

Will he/she need an extension? Yes/No.

How long?months

(14) Any other comments you may wish to make on the candidate:

Signature of Supervisor Date

PART C: TO BE FILLED BY HEAD OF DEPARTMENT

(15) Comments on the Candidate's Progress report:

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(16) Comments on the Supervisor's Progress report:

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Name of Head of Department:

Date Signature of Head of Department

**PART D: TO BE FILLED BY CHAIRPERSON, COLLEGE/SCHOOL/INSTITUTE
POSTGRADUATE STUDIES COMMITTEE AND THE PRINCIPAL/DEAN/DIRECTOR**

(17) Comment briefly on the candidate/Supervisor/Head of Department's reports.

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Name of Chairperson, College/School/Institute Postgraduate Studies Committee:

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Date Signature

(18) Comments of the Principal/Dean/Director on the overall report:

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Name of Principal/Dean/Director

Date Signature

*This form should be filled in triplicate.