

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF POSTGRADUATE STUDIES**



POSTGRADUATE STUDENT ACADEMIC PROGRESS REPORT (MASTER PROGRAMMES BY COURSEWORK AND DISSERTATION)*
(To be filled for each semester)

PERIOD COVERED: From To (Dates)

PART A: GENERAL INFORMATION

1. Full name of the student:
2. Registration No.
3. Department/School:
4. Degree Programme:
5. Date of Registration:
6. Planned Date of Completion:
7. Name(s) of Supervisor(s): 1. (Main).....
2. (Co-supervisor).....
8. How many times have you met with your supervisor during the semester?:

PART B: TO BE FILLED BY STUDENT

1. **Self-assessment on progress made so far for the Coursework** (Fill in the appropriate box PASS or FAIL in the table below)

Courses Taken	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6

2. **Self assessment on progress made so far for the Dissertation** (Tick in the appropriate space in the table below)

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					
Submission					

3. In your opinion, are you making satisfactory progress? Yes No

If No, state why:

.....

4. Will you need time for extension?: Yes No How long: Months

5. Any other comments you would like to make:-

.....

Date Signature of Student

PART C: TO BE FILLED BY MAIN SUPERVISOR

1. Name of Supervisor

2. When were you appointed to supervise the student?

3. If you have just been appointed, did the previous supervisor hand you any report of the student?

Yes No Not applicable

4. How often have you met the student during the semester? If you have not met, give reasons

.....

5. What progress has the student made?

a. **Progress made so far for the Coursework Phase** (Fill in the appropriate box PASS or FAIL in the table below).

Courses Taken	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6

b. **Assessment on progress made so far for the Dissertation** (Tick in the appropriate space in the table below)

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					
Submission					

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

Will he/she need an extension? Yes No

How long? months

6. Any other comments you may wish to make on the student:

.....

Date Signature of Supervisor

PART D: TO BE FILLED BY HEAD OF DEPARTMENT

7. Comments on the Student's Progress report:

.....
.....

8. Comments on the Supervisor's Progress report:

.....
.....

Name of Head of Department:

Date Signature of Supervisor

PART E: TO BE FILLED BY CHAIRPERSON, SCHOOL/INSTITUTE HIGHER DEGREES COMMITTEE AND THE DEAN/DIRECTOR

9. Comment briefly on the student/Supervisor/Head of Department's reports.

.....
.....

Name of Chairperson, School/Institute Higher Degrees Committee:

.....

Date Signature

10. Comments of the Dean/Director on the overall report:

.....

Name of Dean/Director

Date Signature

PART F: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES

11. The student has paid all/part/not paid his/her fees

12. Financial Sponsor:

13. Other remarks/actions

.....

Name of Chairperson, Senate Higher Degrees Committee:

Date..... Signature.....

*This form should be filled in triplicate