



SOKOINE UNIVERSITY OF AGRICULTURE
DIRECTORATE OF POSTGRADUATE STUDIES, RESEARCH,
TECHNOLOGY TRANSFER AND CONSULTANCY

P.O. Box 3151, Morogoro, E- Mail: drpgs@sua.ac.tz , Fax 255 23-2-60 4388

POSTGRADUATE STUDENTS' RESEARCH WORK PROGRESS REPORT FORM

PROGRESS REPORT- POSTGRADUATE STUDENTS' RESEARCH WORK FOR
THE SIX MONTHS PERIOD ENDING 20

Department of.....

A: STUDENT'S PARTICULARS (To be completed by student)

- (1) Name:..... Surname..... Other names.....
(2) Nationality.....
(3) Degree registered for.....
(4) Registration Number: (5) Date of Registration.....

B: PROGRESS IN COURSEWORK (To be completed by student)

- (1) MSc/PhD Coursework/Remedial Courses: Done/Not done
If done show results: G.P.A/Grade/Overall Scores:

C: PROGRESS IN RESEARCH

- a. Title of dissertation/Thesis research proposal:
b. Name of Supervisor(s).....
c. Date research proposal approved by Faculty/Senate:
d. Date research started
e. Indicate major accomplishments during the period under review:
f. Student's Signature: Date:

D: REMARKS AND RECOMMENDATION

- (1) Supervisor:
.....

Signature: Date:

(2) Head of Department:
.....
.....
Signature: Date:

(3) College/School Postgraduate Studies Committee Comments:
.....
.....
Meeting No: Minute No: Date:

(4) Senate Postgraduate Studies Committee:
.....
.....
Meeting No: Minute No: Date:

(5) Senate Decision:
.....
.....
Meeting No: Minute No: Date: