



**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: .....