



SOKOINE UNIVERSITY OF AGRICULTURE
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**PROGRESS REPORT - POSTGRADUATE RESEARCH WORK FOR THE SIX MONTH
PERIOD ENDING20.....**

Department of.....

A. STUDENT’S PARTICULARS (To be completed by student)

- (1) First name:.....Surname.....Other names.....
- (2) Nationality.....
- (3) Degree registered for.....
- (4) Registration Number :.....(5) Date of Registration.....
- (6) Date of expected completion.....

B. RESEARCH PARTICULARS

- (1) MSc. Coursework/PhD Prerequisite: Done/Not done
(b) If done show G.P.A/Overall score.....
where done.....
- (2) Title of dissertation/Thesis research
proposal.....
- (3) Supervisor(s).....
- (4) Date research proposal approved by faculty/Senate.....
- (5) Date research started.....
- (6) Indicate major accomplishments during the period under review
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Student’s Signature:..... Date:.....

C. REMARKS and RECOMMENDATIONS

- 1) SUPERVISOR’S COMMENTS:.....
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- Signature:.....Date:.....

2) HEAD OF DEPARTMENT'S COMMENTS:.....
3)

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Signature:.....Date.....

4) Higher Degrees Sub Comments.....

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Meeting No:.....Minute No:.....Date:.....

4) Faculty board.....

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Meeting No:..... Minute No:.....Date:.....

5) Postgraduate Studies Committee.....

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Meeting No:.....Minute No:.....Date:.....

4) Senate meeting.....

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Meeting No.....Minute No.....Date:.....