

Annual Progress Report: Supervisor

|  |  |
| --- | --- |
| Faculty |  |
| Department |  |
| **Qualification for which student is registered** |  |
| **Offering type** |  **Full time registration** |  | **Part time registration** |  |
| **Prior qualification** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Surname |  | **Student No.** |  |
| First Names |  | Title (Mr, Ms) |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| **Title of Dissertation/ Thesis** |  | **Full**  |  |
| **Partial** |  |
| **Dissertation/Thesis** |

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| --- | --- |
| Date of First Registration |  |
| **Date of Starting Research** |  |
| **Estimated Completion Date** |  |

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| --- | --- |
| Supervisor |  |
| Position |  | **Present Qualifications** |  |
| Co-Supervisor  |  |
| Position |  | **Present Qualifications** |  |

Please answer the following questions carefully and return the form to the HoD.

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| **Tick and date each progress step reached:** |
|  | √ | Date  |  | √ | Date |
| 1. Topic approved at DRC
 |  |  | 1. Draft PG 2a viewed
 |  |  |
| 1. PG 2a submitted to DRC
 |  |  | 1. PG 2a approved by DRC
 |  |  |
| 1. PG 2a submitted to FRC
 |  |  | 1. PG 2a approved by FRC
 |  |  |
| 1. Research commenced
 |  |  | 1. Research completed
 |  |  |
| 1. Draft dissertation/thesis viewed
 |  |  | 1. Submitted for examination
 |  |  |
| 1. Corrections undertaken
 |  |  | 1. Final copies submitted
 |  |  |

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| Tick as appropriate |
|  |
| Is the student making generally satisfactory progress, in accordance with plans in the research outline? | YES | NO |
| Please comment on any problems, changes or delays: |
|  |
|  |
| Has the student kept in touch with you adequately? | YES | NO |
| Do you find the relationship satisfactory? | YES | NO |
| If NO, can you suggest what might be done about this: |
|  |
|  |
|  |
| When do you realistically expect the student's dissertation/thesis to be submitted? (Insert date.) |  |
| If there is any risk that s/he will not submit by the end of the official maximum period of registration(3 years from first registration for Masters’ Degree and 4 years from first registration for Doctoral Degree), please outline what you are doing to deal with this:  |
|  |
|  |
|  |
| Do you think that any factors may have influenced the student's work to make a case for interruption of studies? | YES | NO |
| If YES, please explain: |
|  |
|  |
|  |
| Do you think that the student needs any further specialist training, advice, or special resources? | YES | NO |
| If YES, please explain what these are, and what might be done to provide them: |
|  |
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|  |
| Are there any other matters on which you would like to comment? | YES | NO |
| If YES, please elaborate: |
|  |
|  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Supervisor)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(HoD)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Routing** | **Supervisor** |  | **HoD** |  | **FRC** |  |