



KABARAK UNIVERSITY

POSTGRADUATE STUDIES SUPERVISION RECORD FORM

**This form, duly completed, must be presented to Postgraduate Studies by the Student
At the end of every Semester**

Student's Name:

Reg. No:

Department:

School:

Degree Programme:

Research Topic:
.....
.....
.....

Month for which record is being submitted:

Name of Supervisor (s)
.....
.....

Date Scheduled for the meeting:

**(If the meeting does not take place, explain why and what alternate
Arrangements have been put in place, then sign and submit the form to Postgraduate
Studies:**

.....
.....

.....
.....
.....
.....

Section/Chapter in discussion:

.....
.....

Date Submitted to Supervisor:

.....

Supervisor's response (s) (detail should be filed in students file):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Date of the next meeting:

Supervisor's Signature:

Student's Signature:

Date: