KABARAK UNIVERSITY
INSTITUTE OF POSTGRADUATE STUDIES

STUDENT PROGRESS REPORT

A: STUDENT DETAILS
Full Names_________________________________ Reg. No.__________________________
Telephone__________________________ Email______________________________________
Department________________________________________________________
Degree programme (PhD /MSc/) _____________________

Date of first Registration____________________ Expected date of completion____________
Student Signature ___________________________ Date__________________________________

B: THESIS/PROJECT PARTICULARS
Thesis Title (if still undertaking coursework, indicate so)
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Summary of work completed
Specifically address the past six/three months and any key issues raised in the previous progress report
___________________________________________________________________________
___________________________________________________________________________

Proposed submission date________________ Proposed defense date____________________

Work plan for the next 3/6 months
___________________________________________________________________________
___________________________________________________________________________

Is the work within the scheduled graduate time? Yes/No. If No, state reason (s)

Kabarak University Moral Code
As members of Kabarak University family, we purpose at all times and in all places, to set apart in one’s heart, Jesus as Lord. (1 Peter 3:15)
C: SUPERVISORS COMMENTS

Supervisor’s 1: Name________________ Mobile________________ Email__________
Comments: ________________________________________________________________
Signature___________________________ Date_____________________________

Supervisor’s 2: Name________________ Mobile________________ Email__________
Comments: ________________________________________________________________
Signature___________________________ Date_____________________________

D: FACULTY COMMENTS

Dean of School
Comments: ________________________________________________________________
Name________________ Signed____________________ Date_____________________

E: GRADUATE SCHOOL COMMENTS

Director, Postgraduate Studies
Comments: ________________________________________________________________
Name________________ Signed____________________ Date_____________________

Note:
Report must be filled quarterly (every 4 months) for both Masters and PhD.

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