

**MACHAKOS UNIVERSITY  
GRADUATE SCHOOL**

**STUDENTS PROGRESS REPORT FORM**

This form should be filled in triplicate and submitted to Graduate School on quarterly basis in an academic year.

SCHOOL: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_

REG.NO: \_\_\_\_\_ PHD/MASTERS (tick)

MODE OF STUDY \_\_\_\_\_

PROJECT/THESIS TITLE

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SUMMARY OF WORK COMPLETED

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PROPORTION OF ORIGINAL WORK PLAN COMPLETED (ATTACH COPY OF WORK PLAN)

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CHALLENGES/SUGGESTIONS \_\_\_\_\_

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WORKPLAN FOR THE NEXT THREE MONTHS \_\_\_\_\_

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STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



UNIVERSITY SUPERVISOR'S COMMENTS

a) DATE OF LAST THREE MEETINGS

FIRST SUPERVISOR

SECOND SUPERVISOR

i) \_\_\_\_\_

i) \_\_\_\_\_

ii) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iii) \_\_\_\_\_

b) PROGRESS MADE AS PER WORK PLAN

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NAME OF THE FIRST SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF SECOND SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF THIRD SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS BY CHAIRMAN OF DEPARTMENT(COD)

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**COMMENTS BY THE COORDINATOR OF POST GRADUATE STUDIES AT SCHOOL LEVEL**

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS BY THE DEAN OF THE RELEVANT SCHOOL**

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS BY DEAN GRADUATE SCHOOL & CHAIRMAN OF BOARD OF GRADUATE SCHOOL**

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

