

UNIVERSITY OF DAR ES SALAAM
DIRECTORATE OF POSTGRADUATE STUDIES
POSTGRADUATE STUDENT ACADEMIC PROGRESS REPORT
(To be filled bi-annually)

PERIOD COVERED: From to
 (Month and year i.e. either **October - March** or **April - September**)

PART A: TO BE FILLED BY CANDIDATE

- (1) Name of Candidate:
- (2) Registration No:.....
- (3) Department/College/School/Institute
- (4) Degree/Diploma Proposed:
- (5) Nature of Programme (Tick one):

	By Research and Thesis
	By Coursework and Dissertation

- (6). Date of Registration:
- (7a). Original Planned Date of Completion (During registration):
- (7b). New Planned Date of Completion (Within the Max. Allowed Extended Period):
- (8a). Progress made so far for the Coursework Phase:

Courses Taken	Semester I	Semester II	Final Examination Grade

(8b) Progress made for the Research Phase (For Proposal and/or Dissertation/Thesis):

Agreed activities for the reporting period (Period covered):

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Progress made on the agreed activities:

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Student personal assessment on the progress (indicate whether you are progressing well and if not give reasons):

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Student's signature..... Date

PART B: TO BE FILLED BY THE MAIN SUPERVISOR (FOR RESEARCH PHASE)

(9) Name of Supervisor

(10) When were you appointed to supervise the candidate?

(11) If you have just been appointed, did the previous supervisor hand you any report of the candidate? Yes, No Not applicable

(12) How often have you met the candidate during the period under report?

(13) If you have not met, give reasons

(14) What progress has the candidate made so far for the Dissertation/Thesis?
 (Tick in the appropriate box)

Item	Nothing	About a third	Half Way	Nearly completed	Completed
Literature Review					
Designing of Methodology					
Getting supplies for study					
Data Collection					
Data Analysis					
Writing of Dissertation/Thesis					
Submission					

Comment on the student’s progress report i.e. in your opinion; is the candidate making satisfactory progress? Please give explanation based on planned activities in part 8(b).

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Will he/she need an extension? Yes/No.

How long?..... months

(15) Any other comments you may wish to make on the candidate:

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Signature of Supervisor Date.....

PART C: TO BE FILLED BY HEAD OF DEPARTMENT

(16) Comments on the Candidate’s Progress report:

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(17) Comments on the Supervisor’s report:

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Name of Head of Department:

Signature..... Date

**PART D: TO BE FILLED BY CHAIRPERSON, COLLEGE/SCHOOL/INSTITUTE
HIGHER DEGREE COMMITTEE AND THE PRINCIPAL**

(18) Comment briefly on the candidate/Supervisor/Head of Department’s reports.

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Name of Chairperson, College Higher Degree Committee:.....

Signature Date

(19) Comments of the Principal/Dean/Director on the overall report:

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Name of Principal/Dean/Director

Signature Date