

KENYATTA UNIVERSITY
Graduate School

PROGRESS REPORT

SCHOOL OF : _____ .DEPARTMENT OF _____

STUDENT'S NAME _____

REG. NO. _____ Ph.D / Masters _____ Full/Part time _____

PROJECT TITLE _____

SUMMARY OF WORK COMPLETED _____

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

CONSTRAINTS, PROBLEMS/SUGGESTIONS _____

WORK PLAN FOR THE NEXT SIX MONTHS _____

SIGNED _____ DATE _____

STUDENT

UNIVERSITY SUPERVISORS' COMMENTS

a) DATE OF LAST THREE MEETINGS

i) _____

ii) _____

iii) _____

b) PROGRESS SO FAR MADE AS PER WORK PLAN

NAME OF FIRST SUPERVISOR: _____

SIGNED _____ DATE _____

NAME OF SECOND SUPERVISOR: _____

SIGNED _____ DATE _____

NAME OF THIRD SUPERVISOR: _____

SIGNED _____ DATE _____

COMMENTS BY CHAIRMAN OF D.B.P.S _____

SIGNED _____ DATE _____

CHAIRMAN OF D.B.P.S

COMMENTS BY CHAIRMAN OF DEPARTMENT _____

SIGNED _____ DATE _____

CHAIRMAN OF DEPARTMENT

COMMENTS BY CHAIRMAN OF THE RELEVANT SCHOOL BOARD OF
POSTGRADUATE STUDIES COMMITTEE _____

SIGNED _____ DATE _____
CHAIRMAN OF SCHOOL B.P.S

COMMENTS BY THE DEAN OF THE RELEVANT SCHOOL _____

SIGNED _____ DATE _____
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