Version: May 2012

UGANDA CHRISTIAN UNIVERSITY School for Research and Postgraduate Studies

	"A Cen	tre of Excelle	nce in the He	art of Africa	"	
Superviso	r's Name:	REGULAR SU		_		
Super viso	1 3 Name					
Student's Name:		Reg. No:				
Proposal (Concept Approval	Date	Return [Date from Da	ta Collection	
Session	Material Review date & Time		Duration of Session	<u>Signatures</u>		Progress Rati
				<u>Student</u>	Supervisor	
1.						
2.						
Researc	h Coordinator's N	ame:	S	ignature:		
3.						
4.						
Researc	h Coordinator's N	ame:	S	ignature:		•••••
5.						
6.						
-						

Research Coordinator's Name: Signature:										
7.										
8.										
Research Coordinator's Name: Signature:										
9.										

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Instructions

- Each supervisor will meet with the student twice a month for a total of four hours.
- > This tool should be signed by both the supervisor and student each time they meet.
- > The supervisor shall deliver this reporting tool to the Faculty Research Coordinator for signing, every month.
- > The Faculty Research Coordinator shall write a report to the Dean, School for Research and Postgraduate Studies regarding the student's progress every month.

Progress Rating (By Supervisor)

1. Unsatisfactory

2. Satisfactory 3. Good

4. Very good

5. Excellent

Cc Head of Department

Cc Co-supervisor (if there is one)