

THE UNIVERSITY OF THE WEST INDIES CAVE HILL CAMPUS

School for Graduate Studies and Research

SUPERVISOR'S PROGRESS REPORT FORM

The candidate's Chief Supervisor is required to give an assessment on the progress of the student each Semester. The completed form should reach the Campus Office of Graduate Studies & Research no later than January 31 for Semester I and June 30 for Semester II.

Report for:	Semester:	Academic Year: _	
Name of Student:	(Last name)	(First name)	(Middle Initials)
Student ID No.:			
Name of Degree Programme:			
Department:			
Date of Initial Registration:			
Status: Full Time	Part Time		
Thesis Supervisor/s:			
Advisory Committee Members:			

MEETINGS/SEMINARS/COURSES

How many times have you met with the student in the reporting semester? Please indicate date(s) in boxes below)

Meetings	Date
0	
1	
2	
3	
4	

Total Number of Research Seminars given to date and dates: Please indicate date(s) in boxes below

Seminars	Date
0	
1	
2	
3	
4	

Has the student completed the required course credits for their programme?		
Y	Zes 🗌	No 🗌
How many credi	ts have been completed	I to date?
PROGRESS: Ho	w do you rate the stude	nt's progress?
Excellent: Treporting period	The student is making exc	eptional progress and has exceeded more than 1 of targets set for the
Very Good: T	he student is progressing	well and has exceeded 1 of the targets set for the reporting period
Good: The stu	adent is progressing and i	is meeting the targets set for the reporting period
Satisfactory/F reporting period	<i>air</i> : The student is progre	essing but slowly, and only meeting some of the targets set for the
Poor: There is	no evidential progress in	n the student's work

RECOMMENDATION OF	SUPERVISOR:	
Student to Continue	Student to be Warned	Student to Withdraw
SUPERVISOR'S COMMEN	NTS:	
STUDENT'S COMMENTS	:	
HEAD'S COMMENTS:		
Published Papers (within rep		
Conference/Symposium proce paper as published)	edings (include Title of the Confer	ence, Venue, Date, etc. and attach title/abstract/full
Research papers published in <i>Publication, etc. and attach a cop</i>		uthors, Journal Name, Volume, No. of pages, Date of

SIGNATURES:	
Signature of Student	Date:
Signature of Supervisor:	Date:
Signature of Head of Department	Date:
OFFICIAL USE ONLY. Comments by Dinaston School	for Craduate Studies and Descend
OFFICIAL USE ONLY: Comments by Director, School	for Graduate Studies and Research
Signature of Director, SGSR	Date: