**STUDENT RESEARCH PROGRESS REVIEW FORM**

*This form must be filled in by M Phil / Ph D* ***Research Students only****. The Chairman/QEC Representative must keep filled and signed form for record at the end of each semester*

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Morning/Evening: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1 | Admission Date |  |
| 2 | Date of completion of course work |  |
| 3 | Date of initiation of research |  |
| 4 | Number of credit hours completed |  |
| 5 | Date of synopsis approval |  |
| 6 | C.G.P.A secured |  |
| 7 | Outline details of research progress since your last review (Including research title, objectives and publication) | |
| 8 | Please comments on the level of supervision you received? | |
| 9 | Your plan to achieve over the next six months? | |
| 10 | Please mention generic or subject-specialist training you received or would like to receive internally or externally: | |
| 11 | Have you an easy access to sophisticated scientific equipments?  **Yes No** | |
| 12 | Have you got sufficient research material/commodities available?  **Yes No** | |
| 13 | **Supervisory Committee Comments:**  (Please Comments on and benchmark the student’s progress against University’s internal and external HEC Quality Criteria for M.Phil/Ph.D Studies) | |
| 14 | **Supervisor (Sign) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member (Sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member (Sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 15 | **Chairman’s Comments:** | |
| 16 | **Director ORIC/Research Comments:** | |
| 17 | **Dean/Director’s action :( including monitoring of follow-up action) Date:** | |