|  |  |  |
| --- | --- | --- |
| EGERTONTel: Pilot: 254-51-2217620254-51-2217877254-51-2217631Dir.line/Fax: 254-51-2217847Cell Phone | Egerton Logo Best | UNIVERSITYP.O. Box 536 - 20115Egerton, Njoro, KenyaEmail: bpgs@egerton.ac.kewww.egerton.ac.ke |

# OFFICE OF THE DIRECTOR GRADUATE SCHOOL

**PROGRESS REPORT (PHD/MASTERS) Q1, Q2, Q3, Q4,**

**A: PERSONAL DETAILS**

Full Names:………………………………………………Reg. Number ………………………………...

Telephone No.:………………………………… Email:……………………………. Gender……………

Degree Programme:……………………………………… Department:…………………………..............

Area of Specialization:……………………………………

Date of First Registration:……………………………Expected Date of Completion:……………………...

**B: PROGRESS THESIS/PROJECT DETAILS**

Title of Research: ………………………………………………………………………………....................

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

Estimate the level of progress: Put a tick (√) appropriately on the University’s timeline for your degree programme in the table below;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 0 ~ 25% | 26~50% | 51~75% | 76~100% |
| Actual Work Accomplished |  |  |  |  |
| Expected Work Accomplished |  |  |  |  |

Is the work within the scheduled Graduation timeline? Yes/No

If No, reasons why?.........................................................................................................................................

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Put a tick (√) or otherwise (X) on accomplished activities that addresses the listed objectives

|  |  |  |
| --- | --- | --- |
| **Activities** | √ | **Remarks** (i.e. on schedule or delay) |
| Proposal Development to Graduate School |  |  |
| Specific Objective 1 |  |  |
| Specific Objective 2 |  |  |
| Specific Objective 3 |  |  |
| Specific Objective 4 |  |  |
| Specific Objective 5 |  |  |
| Specific Objective 6 |  |  |
| Data Analysis |  |  |
| Thesis Submission |  |  |
| Thesis Defense |  |  |

**C: SUPERVISORS’ APPROVAL OF THE FILLED STUDENT’S PROGRESS:**

1. Full Name…………………………………………………………………………………...

Approved/Not Approved. Comments……………………………………………………....

………………………………………………………………………………………………

Tel. No…………………………................. Email:……………………………………….

Signature:…………………………………. Date:………………………………………...

1. Full Names………………………………………………………………………………….

Approved/Not Approved. Comments………………………………………………………

………………………………………………………………………………………………

Tel. No:…………………………………… Email:……………………………………….

Signature:…………………………………. Date:………………………………………...

1. Full Names………………………………………………………………………………….

Approved/Not Approved. Comments………………………………………………………

………………………………………………………………………………………………

Tel. No:…………………………………… Email:……………………………………….

Signature:…………………………………. Date:………………………………………...

cc

1. Candidate

2. Students’ file

3. Dean of faculty