



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

SUPERVISOR'S PROGRESS REPORT

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.: _____

Degree Programme: _____

Department: _____

Date of Registration: _____ Status: Full Time Part Time

Thesis Supervisor/s: _____

Advisory Committee Members: _____

MEETINGS/SEMINARS

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

	<i>1</i>	<i>2</i>	<i>3</i>
Advisory Committee Meetings/ Discussions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Research Seminars Given to Date and Dates	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROGRESS

How do you rate the student's progress?

Excellent Very Good Satisfactory Poor

RECOMMENDATION

Student to Continue Student to be Warned Student to Withdraw

COMMENTS:

Comments by Supervisor:

Comments by Student:

SIGNATURES:

Signature of Student

Date

Signature of Supervisor

Date

Signature of Head of Department

Date

OFFICIAL USE ONLY:

Comments by Campus Coordinator

Signature of Campus Coordinator

Date