UNIVERSITY OF CAPE COAST

Directorate of Human Resource

TRAINING AND DEVELOPMENT SECTION

TELEPHONE: 233-42-32480-3

FAX 233-42-32484/5

E-MAIL: [tds@ucc.edu.gh](mailto:tds@ucc.edu.gh)

WEBSITE: www.ucc.edu.gh

**University Post Office**

**Cape Coast**

**SUPERVISORS’ PROGRESS REPORT FORM**

*PROGRESS REPORT ON POSTGRADUATE DIPLOMA, MASTERS AND DOCTORATE DEGREE CANDIDATES*

*(To be completed by supervisor and submitted through H.O.D to The Training and Development Section)*

1. **Details of Student**
2. Surname (Mr., Miss, Mrs., Dr., Prof., Rev.): ..............................................................
3. Other Names: ............................................................................................................
4. Name of Institution: ………………………………………………………………..
5. Programme of Study: ……………………………………………………………….
6. Year of entry: ……………………………………………………………………….
7. Expected year of completion: ………………………………………………………
8. Duration of programme: ……………………………………………………………
9. **STUDENTS’ RECORD**
10. Thesis topic: ………………………………………………………………………..

………………………………………………………………………………………

1. Number of years spent: …………………………………………………………….
2. Percentage (%) estimate of progress made (*For entire programme*): ……………..
3. Percentage (%) estimate of progress made for the last year: ………………………
4. Is student likely to complete within schedule? Yes No
5. Has student been referred/failed any course for the year? Yes No
6. Has the student encountered any peculiar challenge in the last year? Yes No
7. If yes, please give a brief description of the challenge (*Attach an additional sheet if*

*necessary*):……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. **PROPORTION OF WORK DONE:** (Please check at the appropriate places)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **PROPORTION OF WORK COMPLETED** | | | |
| Quarter | Half | Three-quarters | Full |
| Experimental Work/Field Work |  |  |  |  |
| Literature Review |  |  |  |  |
| Analysis of Data |  |  |  |  |
| Write-up |  |  |  |  |

*Please give your comment on the overall progress of the student and his/her* ***probable date of completion***. ………………………………………………………………………………………........................

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

…………………………………………………….. …………… ………………

(Name of Supervisor) (Signature) (Date)