

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

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POSTGRADUATE STUDENTS ACADEMIC PROGRESS REPORT FORM

(To be filled and submitted, every six months by all registered postgraduate students)

PERIOD COVERED: FROM TODATE

A CANDIDATE PARTICULARS

1. Name of Candidates:.....
2. Registration No.....
3. Address:Mobile No
- Email:
4. Degree Proposed:
5. Nature of Programme: By Thesis OR Coursework and Dissertation
6. Research Topic:
7. Department, Institute and Faculty

B SECTION TO BE COMPLETED BY A CANDIDATE

I have done the following for my dissertation / Thesis

	Nothing	About a Third	Half way	Nearly completed	Completed
Literature Review					
Designing of Methodology					
Getting Supplies for Study					
Data Analysis					
Writing of Dissertation					
Presentation of the Seminar(s)					
Submission of required articles					
Submission					

Candidate's Comments:

Candidate's Name.....Signature

Date

C SECTION TO BE COMPLETED BY SUPERVISOR

1	(a) When did you last meet with the candidates? (b) (c) How often have you met the candidates during past 6 months? If you have not met, comments on the reasons
2	When did you begin supervising the candidate? DateMonthYear.....
3	If you have just been appointed the candidates' supervisor, did the previous supervisor hand you any report on the candidates Explain
4	(a) What progress has the candidate made? (b) Literature review (c) Field work / data collection (d) Preparation of thesis / dissertation draft Others
5	(a) Is the candidate making satisfactory progress? (b) Will he / she be able to complete the study on time? (c) Will he / she need time extension? (d) If the answer above is yes how long?
6	Any other remarks..... Name and signature of supervisor Date

D SECTION TO BE COMPLETED BY THE HEAD OF DEPARTMENT

Comments on the report by the Supervisor (s).....

E SECTION TO BE COMPLETED BY FACULTY / INSTITUTE, DEAN / DIRECTOR

- 1. Comment briefly on the supervisor's / Head of Department's report
.....
- 2. Has the candidate requested up-grading status of his / her thesis?
.....
.....
.....
- 3. Any other remarks?
.....
.....
- 4. Name and signature of the Faculty / Institute Dean / Director

Name.....

Signature:

Date.....

F. INFORMATION FROM BURSAR'S OFFICE (Section to be completed by the Director of Finance)

- 1. The candidate has paid all /part /not paid his / her fees
- 2. Other remarks:
- Name:.....Signature:
- Date:

NB: Delete whichever is not applicable

F. SECTION TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES

- 1. Remarks from Director of Postgraduate Studies:.....
.....
- Name:.....Signature:
- Date.....

NB: Delete whichever is not applicable