

LAIKIPIA



UNIVERSITY

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**OFFICE OF THE DIRECTOR
 GRADUATE SCHOOL**

STUDENT’S PROGRESS REPORT

TO BE FILLED IN TRIPPLICATES

A. STUDENT’S DETAILS

Name: ----- Reg. No: -----
 Programme-----Department-----
 School -----
 Thesis/Project Title: -----

 Sign:-----Date-----

B. SUPERVISORS

Name	Department	Tel. No
1. -----	-----	-----
2. -----	-----	-----
3. -----	-----	-----

C. PROGRESS ON PROPOSAL DEVELOPMENT

PROGRESS ON WRITING DRAFTS (Tick Appropriately)

(1) Very Good (2) Good (3) Satisfactory (4) Not Satisfactory

CONSULTATION DATA (Tick Appropriately)

- i) Has been consulting as required:
- ii) Has not been consulting as required

Remarks-----

D. PROGRESS ON PROJECT/THESIS WRITING (Tick appropriately)

Chapters written: ONE TWO THREE FOUR FIVE SIX

Chapters in progress: ONE TWO THREE FOUR FIVE SIX

Vision : A University for Valued Transformation of Society

Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy



Laikipia University is ISO 9001:2015 and ISO/IEC 27001:2013 Certified



CONSULTATION DATA (Tick Appropriately)

- i) Has been consulting as required
- ii) Has not been consulting as required

Remarks-----

E OVERALL ASSESSMENT (Tick Appropriately)

- i) Making adequate progress
- ii) Not making adequate progress

Remarks -----

F ACADEMIC ADVICE

I/we, have/have not offered academic advice to the student on the requirement for the Programme of study.

G SIGNATURES OF SUPERVISORS

- 1. ----- Date: -----
- 2. ----- Date: -----
- 3. ----- Date: -----

H COD'S COMMENTS

Sign:-----Date-----

(COD)

I DEAN'S COMMENTS

Sign:-----Date-----

(Dean of School)

J DIRECTOR GRADUATE SCHOOL

This PROGRESS REPORT was received on----- and action taken.

Sign: -----Date: -----

Director

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