



**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)

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

**SUPERVISOR'S COMMENTS:**

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**STUDENT'S COMMENTS:**

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**Published Papers** (within reporting period):

Conference/Symposium proceedings (*include Title of the Conference, Venue, Date, etc. and attach title/abstract/full paper as published*)

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Research papers published in Journals (*include Title of paper, Authors, Journal Name, Volume, No. of pages, Date of Publication, etc. and attach a copy of the paper(s) as published*)

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**SIGNATURES:**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY:**

**Comments by Campus Coordinator**

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Signature of Campus Coordinator

\_\_\_\_\_  
Date