

**JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY**  
**BOARD OF POSTGRADUATE STUDIES**  
**POSTGRADUATE PROGRESS REPORT FORM**

**PART 1: To be completed by the student and forwarded through the supervisors**

- Postgraduate students are required to consult their supervisors at least once month and to submit a report every four (4) months.
- **A copy of PART 1 should be sent to the office of the Director, Board of Postgraduate Studies**
- **Each postgraduate student’s supervisor is required to complete a separate form for each student**

Student’s Name: ..... Registration No.: .....  
Year of Admission: ..... Faculty: ..... Department: .....

**Title of the Thesis:**

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**Objectives of the Study:**

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\* This report is the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> (Delete where appropriate) and  
Covers the period between:.....



**Summary of work completed** (Attach summary of the work not exceeding three (3) double spaced typed pages of 11 cpi font size or equivalent)

***Proportion of original work plan completed (Please attach the original work plan).***

...Attached a detailed work plan showing the proposed work plan and the accomplished work.....

***Constraints/Problems/Advantages/Benefits (if any) and Suggestions***

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**Work Plan for the next four (4) months (attach the work plan)**

.....Attached workplan.....

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Date:..... Signed:.....



**PART II: To be completed by Supervisors and Chairperson of Department**

***Part A: To be completed by Supervisors***

1. Supervisor's Name:.....  
Are you a 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> Supervisor?.....  
Comments:.....  
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Date:..... Signature:.....

2. Supervisor's Name:.....  
Are you a 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> Supervisor?.....  
Comments:.....  
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Date:..... Signature:.....

3. Supervisor's Name:.....  
Are you a 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> Supervisor?.....  
Comments:.....  
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Date:..... Signature:.....

***Part B: To be completed by Chairperson of the Department***

Name of Department:.....  
Comments:.....  
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Signed ..... Date: ..... **PART III:**  
**Comments by Dean/Director of Faculty/School/Institute**

Name of Faculty/School/Institute:.....

Comments:.....  
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Signed:..... Date:.....

**\* Report forwarded to the Director Board of Postgraduate Studies by the Dean/Director.**

**NOTE THAT:**

- 1. The regulations require that where progress of a given candidate is unsatisfactory as to result in being de-registered, **such a candidate shall be given a written warning by the Dean/Director of the Faculty/School/Institute to the effect that unless he/she shows signs of improvements within 3 months he/she shall be de-registered.***
- 2. After two consecutive negative reports the Dean/Director is required to recommend de-registration of the candidate to the Senate, through the Director Board of Postgraduate Studies.*



