



**JOMO KENYATTA UNIVERSITY  
OF  
AGRICULTURE AND TECHNOLOGY**  
P.O. BOX 62000-00200, CITY SQUARE, NAIROBI. TELEPHONE: (067) 5870001 - 4

**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 a 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:.....College:..... Department:.....

**Title of the Thesis:**.....

.....  
.....

\* 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).*

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.....

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

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

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Signature:..... Date:.....

**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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.....  
.....  
.....

Signature:..... Date:.....

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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.....  
.....

Signature:..... Date:.....

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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Signature:..... Date:.....



