



SCHOOL OF GRADUATE STUDIES

MONTHLY SUPERVISION RECORD

This form, duly completed, must be presented to School of Graduate Studies by the Student AS PER THE INDIVIDUAL COURSE SCHEDULE provided by School of Graduate Studies whether or not a scheduled supervision meeting is held.

Student's Name: Reg. No:

Department:.....

School:.....

Degree Programme:

Research Topic:

Month for which record is being submitted:.....

Name of Supervisor (to be) Met:

Date Scheduled for the meeting:

Date of meeting (If different from date scheduled, please explain briefly):

.....

(If the meeting does not take place, explain why and what alternate arrangements have been put in place, then sign and submit the form to Graduate School):

.....

Section/Chapter in discussion:

Date Submitted to Supervisor:

Supervisor's response (s) (should be filed in students file):

.....

Date of the next meeting:.....

Supervisor's Signature:

Student's Signature:

Date:

CC

-Chairman of Department

-Dean of School