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UNIVERSITY OF LAGOS
SCHOOL OF POSTGRADUATE STUDIES

ANNUAL PROGRESS REPORT (FOR M.Phil. /Ph.D. CANDIDATES)

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DEPARTMENT OF …………………………………………………..……………………

INSTRUCTION TO STUDENTS
   a) *It is the student's responsibility to ensure that this report is duly completed early for every session.*
   b) *Renewal of registration is contingent upon the completion and submission of this form.*
   c) *All completed forms should be sent to the School of Postgraduate Studies through the various Supervisors, Coordinators and Heads of Department (**NOT BY STUDENTS**).*

SECTION A: PARTICULARS OF THE CANDIDATE
Name of Student (Surname first, in CAPITALS): ………… ……………………………….……………

Matric. No:…..………………… Degree in view:…..……………… …………………………………

Current Mode of Study: (a) Full-Time ( ) (b) Part-Time ( ) (c) Staff Candidate ( )

Session of Admission:…...…………………… Date of First Registration …….………….………

Session of Last Registration:……………………… Date of Last Registration: ………………………

Number of Sessions Spent on: (a) M. Phil: ………….….... (b) Ph.D.:…… .… ………… ……...

Proposed Title of Thesis:……………………………… ……………………………………….…………

……………………………………………………………………………………………….…… .

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SECTION B: SELF EVALUATION BY THE CANDIDATE
Tick appropriately which of the following that best describe your progress on the programme:

	Completed	In Progress		Completed	In Progress
M.Phil. Course Work			Departmental Seminar		
Ph.D. Course Work			Data Analysis		
Literature Review			Thesis Writing		
Fieldwork			Others, specify		
Laboratory Experiments					

Perception of overall progress made in the last one session: Good (   )   Fair (   )   Poor (   )

If your Perception is other than GOOD, specify reason(s):………………………………………

   ………………………………………………………………………………………….……………

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   ………………………………………………………………………………………….……………

Student's Signature:………………………………….………….. Date: ………………………………

SECTION C: SUPERVISOR'S EVALUATION

Comment by Supervisor 1:

Name of Student (Surname first, in CAPITALS): …………. ………………………………………………

I have been supervising the student since ……………………………. Academic Session

Perception of Candidate's Progress in the last session: Good (   ) Fair (   )   Poor (   )

If Perception is other than GOOD, specify reason(s):…………………… …………………………………

  …………………………………………………………………………………………….……………

Name: ……………………………………………… Signature & Date: …………………………………

Comment by Supervisor 2:

Name of Student (Surname first, in CAPITALS): …………. ………………………………………………

I have been supervising the student since ……………………………. Academic Session

Perception of Candidate's Progress in the last session: Good (   ) Fair (   )   Poor (   )

If Perception is other than GOOD, specify reason(s):…………………… …………………………………

  …………………………………………………………………………………………….……………

Name: ……………………………………………… Signature & Date: …………………………………

SECTION D: DEPARTMENTAL ATTESTATION

Comment by Departmental PG Coordinator: ……………………………………………………..…

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Comment by Head of Department: ……………………..………………………………………………..…

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…………………………………………………….   …………………………………………………….
                    Name & Signature   Name & Signature (with Stamp)
(Chairman, Departmental PG Committee)   (Head of Department)

SECTION E: RECOMMENDATION OF THE SCHOOL OF POSTGRADUATE STUDIES

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        Dean's Name:……………………………………………… Signature:… …………………..