

DIRECTORATE OF POST-GRADUATE STUDIES

GRADUATE STUDIES QUARTERLY PROGRESS AND FINANCIAL REPORT FORM

	This form must be filled every three months in Triplicate
b.	No thesis/proposal will be submitted without a complete set of these forms.
Stu	ident's Name: Registration No.:
Ye	ar of Study: Semester: School: Department:
	tle of the Thesis:
* T	This report is the (eg. 1 st , 2 nd , 3 rd , 4 th) and covers the period between
	mmary of work completed in the above period (Attach summary of the work not exceeding three (3) spaced typed pages of Times New Roman font size 12 or equivalent)
1.	Proportion of original work plan completed (Please attach the original work plan).
	Constraints/Problems/Advantages/Benefits (if any) and Suggestions
	I last consulted my supervisor(s) on: The Supervisor(s) recommended that:
4.	In the next three months, I expect to have achieved the following:
	Signature Date
5.	To be completed by Supervisors
	First Supervisor's Name:
Co	mments:
Da	te:Signature:



2. Second Supervisor's Name:	
Comments:	
0.	
Date: Signature: Signature:	•
3. Third Supervisor's Name:	
Comments:	
Date: Signature: Signature:	•
6. Fee Payment Status	
Fee payment status to be confirmed by finance Officer/student Finance	
Year of study Semester	
Total fees paid. KshsFee balance. Kshs	
Accountant Name: Sign: Date	
7. Comment(s) and Recommendation(s) by Head of Department on research progress of the student:	
Comment(s):	
Recommendation(s):	
Name Sign Date	
Tuline	
8. Comment(s) and Recommendation(s) by Dean on research progress of the student:	
Comment(s):	
	_
Recommendation(s):	
C'anatana Data	
Signature Date	
9. Comment(s) and Recommendation(s) by the Director, Post-Graduate Studies on research progress of the	he
student:	
Comment(s):	
	_
Nama Sign Data	
NameSignDate	