



UNIVERSITY OF JAFFNA, SRI LANKA

SIX MONTHS PROGRESS REPORT Of Academic staff undergoing Postgraduate studies

Period covered fromto.....

01. **Personal Information**

1.1. Full Name :

1.2. Contact details :

Address:

Telephone No: Mobile No: E mail:

1.3. Present Academic Qualification/Degree with effective dates:

1.4. Faculty & Department :

02. **Details of Research**

2.1. Address of the Institute at which postgraduate studies are carried out:

2.2. Degree Registered for :

2.3. Registration Number :

2.4. Period of study leave granted :

2.5. Scholarship details (if any) :

2.6. Title of study (in English) :

2.7. Expected date of completion of the degree:

2.8. Name, Designation and :

Address of the Supervisor

- | | | | | |
|------------------------|-----------------------|--------------------------|-------------------------|--------------------------|
| 2.9. Progress of work: | (i) Planning | <input type="checkbox"/> | (ii) Preliminary work | <input type="checkbox"/> |
| | (iii) Data collection | <input type="checkbox"/> | (iv) Laboratory work | <input type="checkbox"/> |
| | (v) Field Survey | <input type="checkbox"/> | (vi) Thesis writing | <input type="checkbox"/> |
| | (vii) Correction | <input type="checkbox"/> | (viii) Nearly completed | <input type="checkbox"/> |

2.10. Description of research carried out above period
(Please use additional sheets)

2.11. Work plan for the next 6 months of the year *(Please use additional sheets)*
(Period from to)

2.12. Detail of attendance at Workshops/Seminars/Symposium:
(Please use additional sheets)

Date :

Signature of the Applicant:.....

3. **Comments of the Supervisor**

3.1. Period : From: To:

3.2. General progress: (i) Very Good (ii) Good
(iii) Satisfactory (iv) Poor

3.3. Current status : Planning/ Preliminary work/ Data collection/ Laboratory work/ Field Survey/ Thesis writing/ Correction/ Nearly completed.

3.4. Report of the Supervisor on student progress: Self learning capacity, willingness to learn through discuss with supervisor. *(Please use additional sheets, if necessary)*

Date : Signature of the Supervisor:.....

4. **Observation of the Head of the Department**

Progress of the research during the last six months/since last progress report submitted is satisfied / not satisfied / poor

Any other comments:

Date : Signature of the Head :

5. **Observation of the Dean of the Faculty of**.....

Progress of the research during the last six months/since last progress report submitted is satisfied / not satisfied / poor

Any other comments:

Date : Signature of the Dean :

6. **For Office Use Only**

This is a Progress Report.

Progress Report received on

Progress Report placed at the Leave & Awards Committee at its meeting held on

Any other remarks:

Date :

Signature of the Deputy Registrar
Academic Establishments