



HAZARA UNIVERSITY, MANSEHRA
DIRECTORATE OF QUALITY ENHANCEMENT

RESEARCH STUDENT PROGRESS REVIEW FORM

(To be filled out by Master/ MPhil / PhD Research Students on six monthly basis)

To be submitted by the HoD / Program Team/Departmental Focal Person of QE

For Research Student to Complete:

Name of Student: _____ **Program/Degree:** _____/_____

1. Date of admission to the department: _____
2. Date of initiation of research: _____
3. Date of completion of Course work: _____
4. Number of credit hours completed: _____
5. Date of Synopsis Defense: _____
6. Cumulative Grade Point Average (CGPA) secured: _____
7. Please outline details of progress in your research since your last review (including any research publications):

8. Do you have any comments on the level of supervision received?

9. What do you plan to achieve over the next 6 months?

10. Do you have any comments on generic or subject-specialist training you may have received or would like to receive internally and / or externally?

11. Do you have easy access to sophisticated scientific equipment?

12. Do you have sufficient research material / commodities available?

Student _____

Date: _____

Supervisory Committee Comments

(Please comment on and benchmark the student's progress against your University's internal and external HEC Quality Criteria for Master/PhD/MPhil Studies)

Principal Supervisor: _____

Date: _____

Co-Supervisor: _____

Date: _____

Co-Supervisor: _____

Date: _____

Head of Department Comments:

Signature: _____

Date: _____

Director, Board of Research Studies (or equivalent) Comments:

Signature: _____

Date: _____

Dean/Director, QEC Action: (including monitoring of Follow-up action) Date: _____