



UNIVERSITY OF JOHANNESBURG

FACULTY OF SCIENCE

PROGRESS REPORT FOR MASTER'S / DOCTORAL STUDENTS

PARTICULARS OF STUDENT:

TITLE: (DR/MR/MRS/MS)	FIRST NAME/S	SURNAME	STUDENT NO.
TEL:			
CELL:			
E-MAIL:			
DEPARTMENT:			
CURRENT QUALIFICATION REGISTERED FOR: (Discipline eg. MSc Computer Science)			
DATE OF FIRST REGISTRATION (eg. 21 January 2010) FOR CURRENT QUALIFICATION:		<input checked="" type="checkbox"/> Full-time	
		<input checked="" type="checkbox"/> Part-time	
SUPERVISOR:		Mr/Ms/Mrs/Dr/Prof:	
CO-SUPERVISOR(S):		Mr/Ms/Mrs/Dr/Prof:	
EXPECTED DATE OF SUBMISSION?			
FOR PHD STUDIES ONLY: WILL THIS THESIS BE SUBMITTED AS A THESIS BY PUBLICATION?		YES (If yes, please provide feedback on the progress of the publications within the motivation)	NO
PROGRESS SATISFACTORY?		YES	NO
PROGRESS SATISFACTORY? (STUDENT FEEDBACK)			
PROGRESS SATISFACTORY? (SUPERVISOR FEEDBACK)			

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SUPERVISOR (Name, surname and signature)

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DATE

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CO-SUPERVISOR (Name, surname and signature)

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DATE

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CO-SUPERVISOR (Name, surname and signature)

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DATE

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STUDENT

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DATE

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HOD or senior colleague
(If HOD is the supervisor)

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DATE

