



WAYAMBA UNIVERSITY OF SRI LANKA
PROGRESS REPORT FOR POSTGRADUATE STUDENTS
 [Only for Research Degrees]

Degree Registered : Ph.D. M.Phil.

Mode : Full-Time Part-Time

Period Covered : FROM ____/____/20____ TO ____/____/20____
Progress Report No :

The Section A and B must be completed by the STUDENT and handed over to his/her supervisor/s:

Section A:

Name and Initials			
Registration No.			
Date of Registration	Day:	Month:	Year:
Registered Faculty	Agriculture & Plantation Management		Livestock, Fisheries & Nutrition
	Applied Sciences		Medicine
	Business Studies & Finance		Technology
Registered Department			
Field of Study			

Section B: Brief description of the work done during the period

Title of the Thesis:

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Please use PAGE 4 of this form to report the work completed during the period of concern (i.e. methods applied such as field/lab work, collection and analysis of data, results obtained etc.)

- **Limit your expression to maximum of 500 words**
- **In case, if you use a separate sheet for this purpose, please include your Name, Signature and the Date AND the Signature of your Supervisor/s for your write-up**

Publications / Communications arising from the project during the reporting period <i>(Please tick "X" in appropriate box)</i>	Available (Attach Copies)	Not Available
Any other Remarks:		

Date: ____/____/20____

_____ Signature of the Student

Section C: Observation by the SUPERVISOR/S
(If there are more than one Supervisor at least two Supervisors should give their comments)

Name of Supervisor	1 st Supervisor			2 nd Supervisor			3 rd Supervisor		
	Prof. / Dr. / Mr. / Mrs.			Prof. / Dr. / Mr. / Mrs.			Prof. / Dr. / Mr. / Mrs.		
		
		
Recommendation (Please tick "X")	Excellent	Good	Poor	Excellent	Good	Poor	Excellent	Good	Poor
Research work									
Attendance at discussions / seminars									
Research publications									
Thesis preparation									
Enthusiasm									
Remarks on the Progress									

Signature			
Date (DD / MM / YY) / /20..... / /20.... / /20.....
Official Stamp			

Section D: Recommendation of the Faculty Higher Degrees Committee

Signature of Chairman Faculty Higher Degrees Committee						
Date (DD / MM / YY)	Day		Month		Year	

