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|  | **MANAGEMENT SERVICES DIVISION** |

**PROGRESS REPORT FOR STUDENTS**

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| ***The purpose of this Progress Report is to facilitate the monitoring mechanism of the student’s postgraduate study and to give an opportunity to student as well as supervisor to indicate the progress and problems during the past semester/quarter/year. This information will become part of the student and supervisory records, and may be shared with the relevant agency in the case of sponsored student. The student is required to complete the relevant sections and submit the form to his Supervisor/Academic Registrar/Program Head who will transmit it direct to the International Islamic University Malaysia.*** | | | | | | | | |
| **PART I: To be completed by student (COMPULSORY)** | | | | | | | | |
| *Current Academic Year:* | *Current Semester / Quarter No.:* | | | | | | *Period of Report [Please tick (/)]*  January – June  July - December | |
| 1. *Name:* | | | 1. *Staff No.:* | | | | 1. *Place of Study:* | |
| **PART II: To be completed by student** (**COMPULSORY;** *if this is the first report* ***OR*** *if there are any changes to the previous report)* | | | | | | | | |
| *Current Address:* | | | | | | | | |
| *Telephone (Home):* | *(Mobile):* | | | | | *E-mail Address:* | | |
| *C**urrent Degree Program:*  *(e.g., MA, MSc, PhD):* |  | | | | | | | |
| *Title of Project /Thesis / Dissertation:* |  | | | | | | | |
| *Name of Supervisor:* | | | | | | | | |
| **PART III: To be completed by student (COMPULSORY )** | | | | | | | | |
| ***Please comment on your achievements during the past six (6) months and on your study plan for the next six (6) months. If necessary, attach an additional page. Copies of examination transcript MUST be submitted with this report (if applicable).*** | | | | | | | | |
| **Course Work Status** *(If applicable)* | | | | | | | | |
| *Total Credit Hours Required* | | *Accumulated Credit Hours* | | *GPA* | | | | *CGPA* |
|  | |  | |  | | | |  |
| **Research Details** | | | | | | | | |
| *% Completion of Data Collection* | | *Chapters Drafted* | | | *Chapters Approved* | | | *Chapters Yet to be Written* |
|  | |  | | |  | | |  |
| *Frequency of Consultation with Supervisor* | | *% Progress of Studies* | | | Expected Date of Submission\* | | | Expected Date of Viva/Defense |
|  | |  | | |  | | |  |
| ***Overall Comment:***  *\* (if there is a change in the expected date of submission, please state reasons)* | | | | | | | | |
| *Date:* | | *Student Signature:* | | | | | | |

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| **PART IV: To be completed by Supervisor/Academic Registrar/Program Head** | | | | | |
| ***Please tick (√ ) in the relevant box and give brief comment in the space marked with an asterisk (\*).*** | | | | | |
| **1. How is the student progressing with the course work?**  *Excellent*  *Very Good*  *Satisfactory* *Unsatisfactory\**  *Not Applicable* | | | | | |
| **2. How is the student progressing with the research in respect of his/her thesis writing?**  *Excellent*  *Very Good*  *Satisfactory* *Unsatisfactory\**  *Not Applicable* | | | | | |
| **3. How would you rate the student’s overall progress?**  *Excellent*  *Very Good*  *Satisfactory* *Unsatisfactory\**  *Not Applicable* | | | | | |
| **4. How frequent do you have supervision contacts with the student?**  *More than once/week*  *Once/week*  *Twice/week* *Once/month*  *Less than once/month* | | | | | |
| **5. How would you rate the student for the following?** | | | | | |
|  | *Excellent* | | *Very Good* | *Satisfactory* | *\*Unsatisfactory* |
| Diligence |  | |  |  |  |
| Attendance/Punctuality |  | |  |  |  |
| Interest |  | |  |  |  |
| Work Quality |  | |  |  |  |
| Work Efficiency |  | |  |  |  |
| Capability to achieve the objectives |  | |  |  |  |
| **6. Do you think the student will complete successfully according to schedule?**  Yes  No\* | | | | | |
| Overall Comment *(\*please state remedial step taken/to be taken)*: | | | | | |
| *Date:* | | *Supervisor Signature:*  *Name / Designation :*  *(Official Stamp):*  *E-mail:* | | | |

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| **PART V: To be completed by Head of Department at IIUM** | |
| ***Please tick (√ ) in the relevant box and give brief comment in the space marked with an asterisk (\*).*** | |
| **1. How do you rate the student’s overall academic performance?**  *Excellent*  *Very Good*  *Satisfactory* *Unsatisfactory*  *Not Applicable* | |
| **2. How often do you communicate with the student regarding the programme/academic performance?**  *More than once/week*  *Once/week*  *Twice/week* *Once/month*  *Less than once/month* | |
| **3. How frequent does the Department/Kulliyyah offer assistance to the student in respect of the programme?**  *Very frequent*  *Frequently*   *Rarely*  *Very Rare*  *Never* | |
| **4. How confident are you of the student’s ability to complete the programme?**  *Very confident*  *Confident*   *Fairly Confident*  *Not Confident\**  *Not Applicable* | |
| Overall Comment *(\*please state the period of extension needed)*: | |
| *Date* | *Signature:*  *Name / Designation*  *(Official Stamp):* |
| **PART VI: To be completed by Dean of Kulliyyah at IIUM** | |
| Comment: | |
| *Date* | *Signature:*  *Name / Designation:*  *Official Stamp:* |

**Important Note:** The Dean/Head of Department is requested to submit this form to the Management Services Division

Secretariat

Scholarship and Study Leave Committee (SSLC)

HR (Academic) Development Unit

Management Services Division.