



PROGRESS REPORT FOR STUDENTS

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 (/)] <input type="checkbox"/> January – June <input type="checkbox"/> July - December
(a) Name:	(b) Staff No.:	(c) Place of Study: (d)

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:
Current 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capability to achieve the objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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.