## FACULTY OF ALLIED HEALTH SCIENCES UNIVERSITY OF PERADENIYA

## PROGRESS REPORT OF POSTGRADUATE STUDENTS (MPhil & PhD)

Every postgraduate student, registered for a research degree (M.Phil/Ph.D) should submit a detailed report on the progress of his/her research project, six months. The report should be submitted along with this form through the supervisor/s, Head of the Department (if relevant) to the Assistant Registrar/Faculty of Allied Health Sciences.

| A This section must be completed by the student and handed over to his/her Supervisor/s. |   |  |  |  |
|--|---|--|--|--|
| 1. Full Name of the Candidate :  |   |  |  |  |
|  |   |  |  |  |
| 2. Degree (registered for)   | : Full time $\square$ Part time $\square$ |  |  |  |
| 3. Title of the Research   | ·   |  |  |  |
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| 4. Date of Registration  | ·   |  |  |  |
|  |   |  |  |  |
| 5. Period reported   | : From To                                 |  |  |  |
|  |   |  |  |  |
| 6. Report No   | :   |  |  |  |
|  |   |  |  |  |
| 7. Place/s where research is carried out   |   |  |  |  |
| is carried out   |   |  |  |  |
|  | <u>'</u>                                  |  |  |  |
|  |   |  |  |  |
| 8. Detailed description of the research carried out during the above period              |   |  |  |  |

| 9. Any publications/communications  |  |
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| 10. Candidate's opinion on progress Satisfactory 🗌 unsatisfactory 🗍             |  |
| 11. If unsatisfactory, perceived reasons (Attach a separate sheet if necessary) |  |
| 12. Corrective measures taken :   |  |
| Date:Signature of the Candidate   |  |
| Report of the Supervisor/s  |  |
| The progress of the above named candidate Satisfactory Unsatisfactory Comments: |  |
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| Signature of the Supervisor I:  |  |
| Name of the Supervisor I :  |  |
| Date :  |  |

| The progress of the above-<br>Comments: | named student is Satisfactor | y Unsatisfacto                         | ory 📋              |  |
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|   |                              |  |                    |  |
| Signature of Supervisor II              | :                            |  |                    |  |
| Name of the Supervisor II               | :                            |  |                    |  |
| Date                                    | :                            |  |                    |  |
| Observations of the Head                | of Department                |  |                    |  |
|   |                              |  |                    |  |
| Date                                    |                              |  | the Department     |  |
| Recommendation of the I                 | Faculty Research Committe    | ee                                     |                    |  |
|   |                              |  |                    |  |
| Date                                    | Ch.                          | airperson / Faculty                    | Research Committee |  |
| Recommendation of the I                 | Faculty Higher Degrees Co    | mmittee                                |                    |  |
|   |                              |  |                    |  |
| Date                                    |                              | Chairperson / Higher Degrees Committee |                    |  |