



KABARAK UNIVERSITY

POSTGRADUATE STUDIES SUPERVISION RECORD FORM

**This form, duly completed, must be presented to Postgraduate Studies by the Student
At the end of every Semester**

Student's Name:

Reg. No:

Department:

School:

Degree Programme:

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Research Topic:

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Month for which record is being submitted:

Name of Supervisor (s)

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Date Scheduled for the meeting:

(If the meeting does not take place, explain why and what alternate

Arrangements have been put in place, then sign and submit the form to Postgraduate Studies:

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Section/Chapter in discussion:

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Date Submitted to Supervisor:

Supervisor’s response (s) (detail should be filed in students file):

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Date of the next meeting:

Supervisor’s Signature:

Student’s Signature:

Date: