



ALBUKHARY INTERNATIONAL UNIVERSITY

Centre for Graduate Studies (CGS)

PROGRESS REPORT OF POSTGRADUATE STUDENT (Research Mode)

Students will ONLY need to fill section A and B. Please obtain signatures from your supervisor and the Dean before returning this document to CGS. Any CONFIDENTIAL comments by the student (SECTION G) or supervisor (SECTION F) MUST be **detached and sent separately** to CGS. These comments will be treated with strict confidentiality. Submit completed form with all attachments to CGS before the due date, in **hardcopy**.

Is this form complete? Use this quick checklist:

- All signatures, including the Dean (p. 6)
- Student signed Section H (p. 10)
- Written report stapled to form
- Retain a copy of completed form for future reference

SECTION A – STUDENT INFORMATION

Student Name	Matric Number
Contact No. & email	Programme <input type="checkbox"/> Master <input type="checkbox"/> Ph.D
Date of Initial Registration	School
Expected Date of Completion	Mode of Study <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Research Title	Semester/Year
Research Field	Supervisor(s)
	(1)
	(2)
	(3)

Change of candidature since previous report

- | | | |
|---|---|---|
| <input type="checkbox"/> Full Time to Part Time | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Change of Thesis Title |
| <input type="checkbox"/> Part Time to Full Time | <input type="checkbox"/> Change of Supervisor | <input type="checkbox"/> Change of Programme |

SECTION B – EVALUATION OF RESEARCH PROGRESS BY STUDENT

Report Period : April - Sept Oct - March

1 Research Progress

1.1 Achieved Milestones / Research Activities (briefly describe the milestones)

No	Planned Milestones	Planned Milestone Date (month/year)	Achieved *(Yes/No)	Actual Completion Date (month/year)
M1				
M2				
M3				

** If No, please give reasons for non-achievement and proposed adjustments or corrective actions in section 1.2*

1.2 Corrective Actions

Planned milestone : _____

Reasons for non-achievement : _____

Proposed adjustments / corrective actions: _____

Revised milestone completion date : _____(month) / _____(year)

1.3 Achievement / Output (attach notes, papers, results, etc.)

No	Output
1	Publications (journal articles, conference papers, book chapters, letters, etc.)
2	Prototype (hardware, software, pilot plant, etc.)
3	Awards / Medals
4	Others

1.4 Problems / Constraints / Suggestions

1.5 Other Activities (seminars, field work, workshops, etc.)

2 Overall Progress

2.1 Completion of Data Collection (please circle if relevant)

Start | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Complete

2.2 Completion of Data Analysis (please circle if relevant)

Start | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Complete

2.3 Completion of Thesis (if relevant)

Number of chapters : _____

Number of completed chapters : _____

Percentage of thesis progress : _____ %

2.4 Expected Delay / Date of Submission (from original planned schedule)

Original Expected Completion Date : _____

New Expected Completion Date : _____

2.5 Personal Comments on your Progress

SECTION C – EVALUATION OF RESEARCH PROGRESS BY SUPERVISOR

3 Student Evaluation

3.1 Student Rating (please use the scale below)

1	2	3	4	5	6	7	8	9	10
Very Poor		Moderate						Excellent	

- a) Attendance
- b) Commitment
- c) Quality of Work
- d) English Proficiency
- e) Ability to Work Independently
- f) Dedication and Motivation
- g) Maturity and Emotional Stability
- h) Progress rate based on milestone

OVERALL PERFORMANCE

3.2 General Comments on Student's Progress

3.3 Recommendation

Proceed to next semester

Proceed to next semester with conditions

Terminate

Please tick (✓) if you provide a confidential report

Date : _____

Supervisor's Signature

SECTION D – ENDORSEMENT OF SCHOOL

Proceed to next semester

Proceed to next semester with conditions

Terminate

Remarks

Date : _____

Dean's Signature and Stamp

SECTION E – FOR OFFICE USE ONLY

Remarks

Final Status

:

Action to be taken

NO Action to be taken

Received on

:

Verified by

:

Signature and Stamp

:

This section is **CONFIDENTIAL**. Please detach and send separately to CGS

SECTION F – SUPERVISOR’S EVALUATION (CONFIDENTIAL)

4 Supervisor’s Evaluation

*This section is **CONFIDENTIAL**. All information provided in this section will be treated with complete confidentiality. Please take your time in filling up this section. Information provided in this section is intended to help CGS to improve the quality of postgraduate education in AIU.*

4.1 Student Information

Name :			Year :		
Reporting Period :	<input type="checkbox"/>	Jan – June	<input type="checkbox"/>	July-December	

4.2 Confidential Comments about Student

Name : _____

Date : _____

Supervisor’s Signature

3.1 General Facilities

- a) Availability of Proper Workplace (space, cleanliness, furniture, quietness, etc.)
- b) Transportation to Workplace
- c) Availability of Staff and Information at CGS
- d) Availability of Staff and Information at EMGS (for international students only)

OVERALL QUALITY

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3.2 Research Facilities

- a) Internet Connection
- b) Reference Books and Subscribed Journals at Library
- c) Research Materials and Equipment
- d) Email Accessibility
- e) Funds for Conferences or Journals
- f) Postgraduate Activities (workshops, seminars, etc.)

OVERALL QUALITY

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3.3 Others Comments

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SECTION H- STUDENT'S EVALUATION (CONFIDENTIAL)

*This section is **CONFIDENTIAL**. All information provided in this section will be treated with complete confidentiality. Please take your time in filling up this section. Information provided in this section is intended to help CGS to improve the quality of postgraduate education in AIU.*

1. Student Information

Name :

Matric No.:

Programme :

Reporting Period :

April-September

October – March

2. Confidential Comments about Supervisor

Student's Signature:

Date:

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