 **UNIVERSITY OF MEDICAL SCIENCES**

**LAJE ROAD, ONDO**

**POSTGRADUATE SCHOOL.**

**APPROVED TEMPLATE FOR PROGRESS REPORT OF POSTGRADUATE STUDENTS**

**BASIC INFORMATION**

Student Matriculation Number: …………………………………………………………

Department: …………………………………………………………………………….

Degree in view: …………………………………………………………………………

Name of Student: ………………………………………………………………………

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Programme of Study: …………………………………………………………………...

Name of Supervisor: ……………………………………………………………………

Degree in view: …………………………………………………………………………

Name of Co-Supervisor: ………………………………………………………………...

Title of the Doctorate thesis: …………………………………………………………….

1. Progress to date

Present the research work that you and I have taken

1. Potential Next Steps

Describe which next steps you plan to do in your research work

1. Comments of the Supervisor(s)

……………………………………… ……………………………………

Name & Candidate’s Supervisor Name & Candidate’s Dean/ Director