



SCHOOL OF GRADUATE STUDIES

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P.O. BOX 103- 40404
RONGO

GRADUATE STUDENTS SUPERVISION MONTHLY CONSULTATION FORM

Instructions

1. This form **must** be filled every month in **Triplicate**
2. The filled forms will be submitted to the Dean, School of Graduate Studies through the Chairperson, Departmental Graduate Studies Committee.

Note

1. No dissertation/thesis will be submitted without a complete set of these forms.
2. It is mandatory for every graduate student to show evidence of regular monthly consultation with their supervisors starting immediately after coursework and the supervisor having been assigned.

SECTION A: TO BE FILLED BY THE CANDIDATE

Name.....Adm. No.

School.....Name of Degree.....

Month of Consultation.....Year.....

1. I consulted with my Supervisor(s) and the following areas/ issues were discussed/addressed:

- i)
- ii).....
- iii).....
- iv).....
- v).....
- vi).....
- vii).....

2. The Supervisor(s) made the following recommendations: (use separate sheet if necessary)

- i)
- ii).....
- iii).....
- iv).....

- v).....
- vi).....
- vii).....
- viii).....
- ix).....
- x).....

3. Specify any challenges that may distract your progress in writing your thesis.

- i).....
- ii).....
- iii).....
- iv).....

Candidate's Name:.....Signature.....Date.....

SECTION B: TO BE FILLED BY SUPERVISOR(S)

3. The candidate has had consultation with me/us on the areas/issues he/she has stated. The issues discussed and the recommendations made should be addressed by.....
(date)

Supervisor(s) Name:..... Signature.....Date.....

Name:.....Signature.....Date.....

SECTION C: TO BE FILLED BY CHAIRPERSON, DEPARTMENTAL GRADUATE STUDIES COMMITTEE

Comments: (Are you satisfied with the way the candidate is progressing with his/her research work and the supervision offered so far?).....

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Name.....Signature.....Date.....

SECTION D: TO BE FILLED BY THE DEAN, TEACHING SCHOOL.

Name.....Signature.....Date.....

SECTION E: TO BE FILLED BY THE DEAN, SCHOOL OF GRADUATE STUDIES

Name.....Signature.....Date.....