



THE UNIVERSITY OF POONCH RAWALAKOT

Directorate of Advanced Studies and Semester Affairs

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Progress Report Form for M.Sc.(Hons.)/M.Phil./Ph.D. Programs

(To be filled by the scholar)

Name of Scholar: _____ Department: _____

Semester: _____ Session: _____ Degree program: _____

Title of Thesis: _____

Name of Supervisor: _____

Report for the period: _____

Signature of Scholar

(To be filled by the Supervisor)

Please briefly describe

1. The work accomplished so far: _____

2. How much further work is required? _____

3. Progress in your opinion (Satisfactory/Unsatisfactory): _____

Signature of Supervisor

Signature of Chairman/Director

Signature of Dean

Signature of Director AS&SA