



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES-BUGANDO
DIRECTORATE OF RESEARCH AND INNOVATIONS/SCHOOL OF GRADUATE STUDIES



POSTGRADUATE SUPERVISION TRACKING FORM

NAME OF STUDENT: _____ **REG. NO.** _____

SCHOOL: _____ **PROGRAMME:** _____ (e.g. Master, PhD) **DEPARTMENT:** _____

TITLE OF THE RESEARCH: _____

SUPERVISOR'S NAME: _____ **DEPARTMENT:** _____ **EXPERTISE:** _____

Date of submission to supervisor	Date of meeting with supervisor	Stage of work discussed (e.g. concept, field work, lab work, data analysis, etc.)	Feedback given by supervisor (e.g. revise methodology, complete literature review, etc.)	Signature of the student	Signature of the supervisor	Remarks

NOTE:

- The supervisors ensure that they meet the students under their supervision at least once a month
- The postgraduate students keep the tracking tool for each of the supervisors and produce it during each supervision meeting
- The student should send a photocopy of each supervisor's tracking tool at the end of each semester as part of the progress report to the School of Graduate Studies, with copies to the Heads of Department involved