Sri Lanka Institute of Information Technology

Faculty of Postgraduate and Research M.Sc. in IT / IS / IM Research Project (600/620/640)



| Monthly Progress Report | Month: | | | |
|---|---|--|--|--|
| Student No: | | | | |
| Project Title: | | | | |
| Instructions: The objective of this progress report is to help students to co and to help the supervisors to track the progress of their students. This report contains 3 sections. The student must submit completing Sections A and B. The supervisor will complete the Coordinator /M.Sc. Research Projects. Submitting monthly progress reports in a timely manner is a to submit monthly progress reports may affect the final grade. | this report to the supervisor after the Section C and send the report to responsibility of the student. Failing | | | |
| Section A - Current status of the project: | | | | |
| | | | | |
| Section B - Work carried out during the last month: | | | | |
| | | | | |

| Section C – (To be completed by the supervisor) | | | | | |
|---|-------|--------------|----------------------|---------------------|--|
| Instructions: Please complete the following section and return the report to the Coordinator /M.Sc. Research Projects directly. | | | | | |
| (Tick the appropriate cell) | | | | | |
| | | | nt | | |
| | | Satisfactory | eme | tory | |
| | þ | sfac | ds | Not satisfactory | |
| | Good | Sati | Needs improvement | Not | |
| Current status of the project | | | | | |
| Work carried out during the last month | | | | | |
| Timely completion of work according to the initial | | | | | |
| proposal | | | | | |
| Maintaining regular contacts with the supervisor | | | | | |
| Are you satisfied with the present overall progress of the research? Yes/No | | | | | |
| Do you see any serious problems in the current work that may affect the timely | | | | | |
| completion of the project? Yes/No | | | | | |
| | | | | | |
| Comments (please comment on problems, recommendations, improvements, etc.): | | | | | |
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| Name of the supervisor, Drof /Dr/Mr/Ms | | | | | |
| Name of the supervisor: Prof./Dr/Mr/Ms | | | | | |
| Signature: Date | Date: | | | | |