**ACADEMIC AND RESEARCH PROGRESS REPORT**

## Graduate Fellowship Program

All sponsored students must complete this report for the stated period. Submit to address below not later than 2 weeks after the end of the period. (Please make copies for your future use).

Student’s Name:………………………………………………………………...........................................

Study period covered: …………………………………………………………………………………….

# ACADEMIC COURSE REPORT

Major field of Study: ……………………………………………………………………………………..

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

Date started ……………………………………………………………………………………………….

Expected completion date: ……………………………………………………………………………..

Name of University: …………………………………………………………………………………..

Name of advisor: ……………………………………………………………………………………..

Tel. No: …………………………….. Fax: ………………………………………………………..

E-mail: …………………………………………………………………………………………..

Session Year

|  |  |
| --- | --- |
| Courses | Marks |
|  |  |
|  |  |
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|  |  |
|  |  |

CHALLENGES:----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Student’s Signature ----------------------------------------Date ---------------------------------

Advisor’s Signature:

Comment:

Date:

# STUDENT RESEARCH REPORT

Briefly report on your research activities, specifying significant results, challenges encountered and future activities. (Please attach report)

Student’s name: …………………………………………………………………………………………

Period covered by this report: …………………………………………………………………………..

Research topic: ………………………………………………………………………………………….

Date started:……………………………………Expected completion date:……………………………..

Name of IITA supervisor …………………………………………………………………………………

Source of Funding/Project/Cost centre:

Progress (please indicate activities implemented and time frame.

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Student’s signature: Date:

# IITA SUPERVISOR’S REPORT

Progress made:

Challenges encountered and how they were or are being addressed:

Overall student performance:

Recommendations:

(Where an extension becomes necessary, please submit report with justification and a new approved work plan for period of extension.)

Next Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s signature: Date

Forward to: IITA-TrainingUnit@cgiar.org