***icipe* MSc Annual Report Form (2020)**

**PART 1. TO BE COMPLETED BY THE MSc SCHOLAR**

**Instructions for the MSc Scholar**

1. Complete PART 1 of the form, and sign and date.
2. After completing PART 1, send the entire form as a Word document to your *icipe* Primary Supervisor and your University Primary Supervisor by **July 30th 2020**.
3. Discuss the report with your supervisors.
4. Ask your supervisors to complete, sign and date their respective part (PART 2: *icipe* Supervisor; PART 3: University Supervisor) and return to you by **August 7th 2020**.
5. Compile all parts of the report (PARTs 1, 2 and 3) into a single Word document.
6. Upload the completed report **[HERE](http://cbid.icipe.org/apps/cbid/forms/msc_annual_report_2017.php)** by **August 14th 2020.**

**PART 1**

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| --- | --- |
| **Scholar details** |  |
| Name |  |
| Title of MSc thesis project |  |
| Start date at *icipe* (admission to the MSc programme) [give month and year] |  |
| End date of current contract with *icipe* [give month and year] |  |
| *icipe* Health Theme |  |
| Name of *icipe* primary supervisor |  |
| Date when your MSc proposal was accepted by the university |  |
| Date of securing university registration |  |
| Name of university where you are registered |  |
| Name of university primary supervisor |  |

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| **SELF-ASSESSMENT** | | |
| Insert your previous WORKPLAN here: | | |
| Progress in achieving your research goals during the past year, including any challenges you have experienced. |  | |
| Will you complete the MSc within the prescribed time period?  If not, give reasons and new date of completion. |  | |
| **Other challenges** | | |
| Any university issues? (e.g. university registration, identification of university supervisor, approval of research proposal) |  | |
| Challenges to writing the thesis |  | |
| Challenges to writing research papers |  | |
| Any other challenges? |  | |
| What could be done to help overcome any of the challenges? |  | |
| **Supervisor meetings** | | |
| How many times did you meet your supervisors to discuss your progress during the last year? |  | |
| Comment on the quality and frequency of the scholar-supervisor meetings. |  | |
| **Conferences, workshops, training courses.** List conferences, workshops or courses attended during the last year. Gives dates, name of conferences/workshops/courses, venue. Also give titles of presentations or posters given at any of the events. | | |
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| **Scientific Publications.** Give title, authors and status of scientific papers from your project. | | |
| **Title of paper and order of authors (or give citation if published)** | | **Status \*** |
|  | |  |
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|  | |  |
| \* Give status:   * In preparation [give % complete] * Complete * Submitted * In press * Published | | |

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| **Thesis: make a % assessment of the progress towards completion of thesis chapters** | |
| **Chapter** | **% Completion** |
| Chapter 1 Title: |  |
| Chapter 2 Title: |  |
| Chapter 3 Title: |  |
| Chapter 4 Title: |  |
| Chapter … Title: |  |
|  |  |
| Proposed date for submission of thesis to the university.  Give date of submission if you have already submitted your thesis. |  |

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| **List grants, awards and honors received as a postgraduate scholar with *icipe* (include dates)** |
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| **Participation in mentoring/supervising/training activities (e.g. courses taught, scholar mentored or supervised)** |
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| **WORK PLAN for 2019** | |
| What are the most important milestones in your research and related activities for the coming year? In addition to research milestones, include thesis and paper writing, conference attendance, training, etc. | |
| **Activity** | **Expected completion date** |
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| Other comments |  |
|  | |
| Scholar’s signature |  |
| Date |  |

**PART 2. TO BE COMPLETED BY THE *icipe* PRIMARY SUPERVISOR**

**Instructions for the *icipe* Supervisor:**

1. Discuss the Scholar’s self-assessment (PART 1) with the Scholar and the University Primary Supervisor.
2. Then complete PART 2 below. Sign and date.
3. Send your completed report to the scholar by **August 7th 2020**.

**PART 2**

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| *icipe* Supervisor Name | | |  | | | | |
| Name of Scholar | | |  | | | | |
| Scholar’s overall performance (select one): | | | | | | | |
| *Satisfactory* |  | | | *Needs Improvement* |  | *Unsatisfactory* |  |
| Comment on overall performance | |  | | | | | |
| Specific experimental or field work issues | |  | | | | | |
| Progress on write-up of thesis | |  | | | | | |
| Progress on publications | |  | | | | | |
| Comment on attendance at conferences/workshops/training courses | |  | | | | | |
| How often did you meet the scholar to discuss progress in the previous year? | |  | | | | | |
| Comment on the quality and frequency of the scholar-supervisor meetings. | |  | | | | | |
| Endorsement of the proposed work-plan by the scholar for the next year. | |  | | | | | |
| Are sufficient funds available for the scholar to complete their research? | |  | | | | | |
| Will the scholar complete within the prescribed time period? If not, give reasons. | |  | | | | | |
| Supervisor’s signature (insert your signature here as a png or jpg) | |  | | | | | |
| Date | |  | | | | | |

**PART 3. TO BE COMPLETED BY THE UNIVERSITY PRIMARY SUPERVISOR**

**Instructions for the University Supervisor:**

1. Discuss the Scholar’s self-assessment (PART 1) with the Scholar and the *icipe* Primary Supervisor.
2. Then complete PART 3 below. Sign and date.
3. Send your completed report to the scholar by **August 7th 2020**.

**PART 3**

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| University Supervisor Name | |  | | | | | |
| Name of scholar | |  | | | | | |
| Scholar’s overall performance (select one): | | | | | | | |
| *Satisfactory* |  | | | *Needs Improvement* |  | *Unsatisfactory* |  |
| Comment on overall performance | | |  | | | | |
| Specific experimental or field work issues | | |  | | | | |
| Progress on write-up of thesis | | |  | | | | |
| Progress on publications | | |  | | | | |
| Comment on attendance at conferences/workshops/training courses | | |  | | | | |
| How often did you discuss progress with the scholar in the previous year? | | |  | | | | |
| Comment on the quality and frequency of the scholar-supervisor meetings | | |  | | | | |
| Endorsement of the proposed work-plan by the scholar for the next year | | |  | | | | |
| Will the scholar complete within the prescribed time period? If not, give reasons. | | |  | | | | |
| Supervisor’s signature (insert your signature here as a png or jpg) | | |  | | | | |
| Date | | |  | | | | |