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

**PART 1. TO BE COMPLETED BY THE ICIPE PhD SCHOLAR**

**Instructions for the PhD 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/phd_annual_report_2020.php)** by **August 14th 2020**

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

|  |  |
| --- | --- |
|  | |
| **SELF-ASSESSMENT** | |
| Insert your last WORKPLAN here: | |
| Progress in achieving your research goals during the past 12 months, including any challenges you have experienced. |  |
| Will you complete the PhD 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 a 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 icipe and university supervisors to discuss your progress to in the last 12 months (Aug 2019-July 2020) |  |
| 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. | |
|  | |
| **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 \*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **\*** Give relevant status:   * In preparation [give % complete] * Complete * Submitted * In press * Published | |

|  |  |
| --- | --- |
| **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 5 Title: |  |
|  |  |
|  |  |
| Proposed date for submission of thesis to the university.  Give date of submission if you have already submitted your thesis. |  |
|  | |
| **Grants, awards or honors received as a postgraduate scholar with *icipe* (include dates)** | |
|  | |
|  | |
|  | |
|  | |
| **Participation in mentoring/supervising/training activities (e.g. courses taught, scholars mentored or supervised)** | |
|  | |
|  | |
|  | |

|  |  |
| --- | --- |
| **WORK PLAN for Sept 1st 2020-Aug 31st 2021** | |
| 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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other comments | |  | |
|  | | | |
| Scholar’s signature (insert signature here as a png or jpg image) | | |  |
| 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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *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 12 months. | | |  | | | | |
| Are sufficient funds available for the scholar to complete their research? If not, what is the plan for acquiring sufficient funds? | | |  | | | | |
| Will the scholar complete within the prescribed time period? If not, give reasons. | | |  | | | | |
| Supervisor’s signature (insert 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 12 months. | |  | | | | |
| Will the scholar complete within the prescribed time period? If not, give reasons. | |  | | | | |
| Supervisor’s signature (insert signature here as a png or jpg) | |  | | | | |
| Date | |  | | | | |