

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).

Study period covered:			
Student's name:			
Major field of study:			
Degree in view:			
Date started:			
Expected completion date:			
Name of university:			
Name of advisor:			
	Tel:		
University contact numbers	Fax:		
•	Email:		
ACADEMIC COURSE REI	PORT		
Session	Yea:	•	
Courses		Marks	
Student's signature:	Date)	
Comment:			
	Date:		
Advisor's Signature:			
Comment:			
	Date:		



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RESEARCH REPORT

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

Period covered by the report:	
Research topic:	
Date started:	
Expected completion date:	
Name of field supervisor:	
Field supervisor's contact:	
numbers:	Tel:
Name of advisor:	Fax:
	Email:
Highlights of research report:	
Student's signature:	Date
_	Date
Supervisor's Comment:	
	
	
N. D. C. D.	
Next Review Date: (Where an extension of program by	becomes necessary, supervisor should please submit report with
justification and a new approved v	work plan for period of extension.)
Supervisor's signature: Cost Centre:	Date
Forward to: Training Coordinator	

International Institute of Tropical Agriculture (email: IITA-TrainingUnit@cgiar.org)