



UNIVERSITY OF CAPE COAST

SCHOOL OF GRADUATE STUDIES

HOD SEMESTER REPORT ON MPhil/M.COM/PHD STUDENTS FORMAT

1ST [] 2ND [] SEMESTER, 20.....

Name of Head of Dept.(HOD).....

Name of Department:.....

Programme [e.g. MPhil (History)].....

INSTRUCTION: For each of the students, indicate the state of the thesis and provide comments.

Please, submit this report to the School of Graduate Studies through the College Provost within one month after the end of each semester. (i.e. before 1st February for First Semester and 1st September, for Second Semester)

NAME OF STUDENT	PROGRESS		COMMENTS
	On schedule	Behind schedule	

DECLARATION:

I hereby declare that the information as provided on the progress of work for the semester is true.

Name of Head of Dept.

...../.....
Signature/Date