



CSIR COLLEGE OF SCIENCE AND TECHNOLOGY

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CCST STUDENT RESEARCH PROGRESS REPORT FORM (CCST-QFORM-5)

Purpose: CCST-QFORM-5 is to document progress of students undertaking research work. It should be completed and submitted twice, on 6th and 10th months from the beginning of the research work, by Year 2 students. This is to help QACO track the performance and challenges of Year 2 students undertaking research work.

SECTION A (TO BE COMPLETED BY STUDENT)

1. Name of Student:..... Registration No.....
2. Department:.....
3. Degree Sought:.....
4. Session and Year of Entry.....
5. Date of First Registration of Programme.....
6. Approved Thesis/ Dissertation Title:.....
.....
.....
.....
.....

SECTION B (APPRAISAL BY SUPERVISORS)

B.1: APPRAISAL OF STUDENT'S RESEARCH ABILITIES

Please tick () the option that best describes the student

Areas of Assessment	Excellent	Very Good	Good	Fair	Poor
Experimental Skill					
Creative Abilities					
Independence					
Responsiveness to Criticism/ Advice					
Persistence/ Determination					
Approach to problem Solving					

B.2: PROPORTION OF WORK COMPLETED

Please tick (☑) the option that best describes the stage of completion

Aspects of the Thesis/ Dissertation	Proportion of Work Completed			
	QUARTER	HALF	THREE- QUARTERS	FULL
Literature Review				
Methodology				
Experimental Work/ Field Work				
Analysis of Data				
Write-up				

B.3 ADDITIONAL REMARKS BY SUPERVISOR(S)

- How often do you see the student?.....(state per month)
- Have you had a look at the data so far collected by the student? (a) Yes (b) No
- If No, why?.....
- Does he/she participate actively in Seminars? (a) Yes (b) No
- Does the student have any current challenge? (a) Yes (b) No
- If yes, briefly describe.....
.....
.....
- If yes, what mitigating plans for the challenges
.....
.....

SECTION C (STUDENT'S REMARKS/COMMENTS ON EVALUATION)

- How often do you see your supervisor(s).....
- What are your comments on the appraisal by your supervisor?
.....
.....
.....
- Signature of Student..... Date.....

SECTION D (REMARKS BY HEAD OF DEPARTMENT)

1. Remarks

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.....
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2. Signature of Head of Department.....Date.....