



# COMSATS University Islamabad

Progress Report of Student for the Semester \_\_\_\_\_

MS  (Required from the 5<sup>th</sup> semester and onwards OR in case of unsatisfactory progress in any semester)

Ph.D.  (Required for each semester in which the thesis is registered)

|                 |  |                   |  |
|-----------------|--|-------------------|--|
| Student's Name: |  | Registration #:   |  |
| Campus:         |  | Department:       |  |
| Program:        |  | Supervisor's Name |  |
| Thesis Title:   |  |                   |  |

### Coursework Information:

| No. Courses completed up till now | No. Credit Hours Passed | CGPA | Comprehensive Examination Status |
|-----------------------------------|-------------------------|------|----------------------------------|
|                                   |                         |      |                                  |

### Research Progress in the current semester:

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Signature of Student: \_\_\_\_\_ Dated: \_\_\_\_\_

### Supervisor's Remarks

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|                  |                                       |   |
|------------------|---------------------------------------|---|
| Progress Summary | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory |
|------------------|---------------------------------------|---|

|   |  |  |
|---|--|--|
| Specify the semester(s) of previous unsatisfactory reports (if any) |  |  |
|---|--|--|

|                              |                                      |                                |
|------------------------------|--------------------------------------|--------------------------------|
| Thesis status recommendation | <input type="checkbox"/> In-Progress | <input type="checkbox"/> Fail* |
|------------------------------|--------------------------------------|--------------------------------|

\* For a Ph.D student mark fail in case of two consecutive or three total adverse reports.  
For an MS student mark fail in case of two total adverse reports.

Signature of Supervisor: \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Convener DAC (Chairperson/HoD): \_\_\_\_\_ Dated \_\_\_\_\_