**OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, NIGERIA**

**THE POSTGRADUATE COLLEGE**

**"FORM K"**

###### ANNUAL PROGRESS REPORT FORM FOR RECIPIENT OF UNIVERSITY POSTGRADUATE FELLOWSHIP

**SECTION A:** *(To be Completed by the Student)*

**1**. **Name of Candidate:** ---------------------------------------------------------------------------------

 *(Surname in Capitals) (First Name) (Other Name)*

**2. Candidate’s Registration Number:** -------------------------------------------------------------

**3. (i) Semester and Session of First Registration**: -----------------------------------------------

1. **Status** *(i.e. Full-time or Part-time):------------------------------------------------------------*
2. **Semester and Session of Award of Fellowship:** ------------------------------------------

**4. Department and Faculty:** ------------------------------------------------------------------------------- ----------------------------------------------------------------------------------------------------

**5. Higher Degree in View:** -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**6. Courses Taken since First Registration and Grades:**

**Course Code Course Title Units Grade**

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**7. Departmental Duties**: -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Proposed Title of Thesis:** ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**9. Semester and Session of Commencement of Research Project:** ----------------------------------------------------------------------------------------------------------------------------------------

**10**. **Detailed Evaluation of your Research***(Students are expected to state their objectives, methodology and evaluate progress or non progress, give reasons for lapses, and comment on available facilities, supervision, etc. Use extra sheet if necessary)***:**

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1. **Based on present rate of progress, when in your opinion are you likely to complete your programme?** -----------------------------------------------------------------------------------

**12. Any Other Comments:** -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

 **Signature** -------------------------------------------------------- **Date** -------------------------------

**SECTION B:** *(To be Completed by the Supervisor):*

**1. Degree to which Candidate was Admitted:** -----------------------------------------------------

**2. Current Status of Research:** -----------------------------------------------------------------------

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**3. Adequacy of Facilities:** -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**4. Expected Semester and Session of Completion:** -----------------------------------------------

**5. (a) Do you expect student will finish by this time?** --------------------------------------------

1. **If no, give details of why he/she may not:**------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**6**. **General Remarks on Student** (C*haracter, extraneous problems that may influence performance and progress, any remarkable and positive contribution to be noted about student and progress, etc*):

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**7. Recommendation on Tenure of Scholarship:** --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**8. Any Other Comment:** -------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Name of Supervisor**: -------------------------- **Signature**:------------------ **Date** :--------------

**SECTION C:** *(To be Completed by the Head of Department):*

**1. Comments on Student’s Academic Progress:** :---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**---------**

**2. Comments on Student’s Performance of Departmental Duties:**

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 **Name**: -------------------------------------------------------------------

**Signature**: ------------------------------------------------------------- **Date**: ------------------------

**SECTION D:** *(To be Completed by the Chairman, Faculty Postgraduate Committee):*

**Comments of the Faculty Postgraduate Committee**:

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**Name of Chairman, Faculty Postgraduate Committee** **Signature and Date**