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**Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka**

**Progress Report**

This form should be completed by the staff members who are reading for their postgraduate degrees obtaining study leave from the University (at other Universities) and sent to the Vice-Chancellor, Gampaha Wickramarachchi University of Indigenous Medicine through the Head of the Department and the Dean of the Faculty, along with the report of his/her postgraduate supervisor.

Progress reports should be submitted **at six monthly intervals** from the date of registration, covering the period since the previous Report. The extension of Study leave will be granted after evaluating the progress reports and it is highly advised to all the permanent staff members who has obtained study leave should submit the same with the format given below (without alterations) on time.

1. Name of the staff member:
2. Faculty:
3. Department of Study:
4. Designation:
5. Email address:
6. Mobile No.
7. Leave Commencement Date:
8. Expiry Date of Leave:
9. Postgraduate Degree Registered for:
10. Registration No (if any)
11. Date of Registration:
12. University/ Higher Education Institution registered at:
13. Name of Supervisor/ supervisors:
14. Email address of the Supervisor/ supervisors:

A1 Title of the Project (if applicable)

(if any change was made to the original title, pl. attaches the copy of the approvals)

A2 Objectives of the Project

(if any change was made to the original objectives, pl. attaches the copy of the approvals)

A3 Period covered by this Progress Report

(Progress Reports may submit in every 06 months intervals)

A4 Brief Outline of current Plan of Work towards higher degree, including dates

A5 Brief description of research carried out during the reporting period

A6 Presentations of research and participation in conferences and workshops, including dates

A7 Publications in Journals and Conference Proceedings, including dates

A8 Performance at Examinations, including dates (both written and Oral)

A9 Is the work on schedule? If not, give reasons and what actions have/ will been taken?

A10 Brief work plan for the next 6 months (pl. indicate the physical progress as a percentage)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 |
| **Activity 1** |  |  |  |  |  |  |
| **Activity 2** |  |  |  |  |  |  |
| **Activity 3** |  |  |  |  |  |  |
| **Activity 4** |  |  |  |  |  |  |
| **Activity 5** |  |  |  |  |  |  |
| **Activity 6** |  |  |  |  |  |  |

A11 Any other comments

A12 Request for Extensions of Leave (if any) (to be made at least 1 month prior to expiry of leave)

Signature of the candidate Date

B1 Comments on Student’s Report in Section A

(Please ensure that the student has filled all parts in Section A. Please also comment here on the Student's Report and on his plans to submit thesis)

B2 Student Progress

(Please state whether the student’s progress has been satisfactory. Please identify any important decisions that have been taken for action.)

B3 Submission of dissertation/thesis (State expected date for submission of the thesis by this student.)

Signature of Supervisor Date

Rubber Stamp

Rubber Stamp

C1 Recommendation of the Head of Department

Signature

Date

C2 Recommendation of the Dean of the Faculty

Rubber Stamp

Signature

Date

C3 To SAR/Academic Establishment

Please report to the Leave and Awards Committee

Vice Chancellors' Signature Date

*Approved on : September 07, 2021*