**Appendix B4**

**Progress Report of Time Barred Students & Request for Extension**

To be filled by PhD students who have crossed the maximum time limit (8 years) to complete their PhD studies.

This form has three parts:

**PART A**: Current State of Progress Report – to be completed by the PhD Scholar

**PART B**: Comments – to be completed by the his/her Supervisor

**PART C**: Recommendations – to be completed by the UMT Office of Dean Research.

**PART A**: **PhD SCHOLAR CURRENT PROGRESS STATEMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| ID Number |  | | Department/School |  | |
| Title of the thesis |  | | | | |
| Date of PhD Enrolment |  | Date of Comprehensive Exam Passed | | |  |
| Today’s Date |  | Date of Research Proposal accepted by BASAR | | |  |

**Supervisory Support**

|  |  |
| --- | --- |
| PhD Supervisor |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor |  |

**Outline below your progress and achievements towards completion of PhD dissertation. Indicate what milestones have been achieved, including detailing what chapters or sections of your thesis have been written in draft or final form (use extra sheets, if required).**

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**Summarize below your thesis completion status?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Chapter** | **% Completion Status** | **Date Completed** | **Feedback by Supervisor** | **Date Feedback Provided** |
| Introduction |  |  |  |  |
| Literature Review |  |  |  |  |
| Methodology |  |  |  |  |
| Analysis |  |  |  |  |
| Findings |  |  |  |  |
| Questionnaire / Survey *(if any)* |  |  |  |  |
| Any other chapter (please mention below) | | | | |
| When was the complete 1st draft of thesis submitted to OCE. | | | |  |
| Has the External Examiner appointed? | | | | *Yes  No* |

1. **Are any intellectual property issues related to my research that has not been resolved?** Yes  No

|  |
| --- |
| If Yes, please give details: |

1. **Please provide details below of any way that you think your supervisor(s) could still improve their support towards completing your studies**

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| --- |
|  |

1. **Do you have any concerns with your English language skills (e.g., reading, writing, speaking, listening) in respect to your PhD work?** Yes  No

|  |
| --- |
| If yes, please describe these concerns and indicate whether you have sought any support or advice for these concerns (e.g., from your supervisor) |

**PART B: SUPERVISOR(S) COMMENTS**

Please forward the form to your PhD supervisor and obtain his report/recommendation and then submit to Office of Dean Research.

**Please provide comments on the scholar’s slow progress towards completion of his/her work during the prescribed timeline:**

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**1. Please provide comments on the summary of thesis completion status as stated by student on page no 2:**

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**2. Do you have any concerns about the scholar’s English language skills (e.g., reading, writing, speaking, listening) in respect to his/her PhD work?** Yes  No

|  |
| --- |
| If yes, please describe these concerns and indicate whether you have offered support or advice to the scholar and/or directed them to support services. |

**RECOMMENDATIONS BY SUPERVISOR**

I recommend that the scholar’s enrolment be:

Extended for a maximum of 6 months

Continued subject to specified conditions as outlined below

Terminated

|  |
| --- |
| Specified conditions of continued enrolment: |

**I have discussed our comments with the scholar:**  Yes  No

|  |
| --- |
| Please outline any issues that emerged from the discussion with the scholar: |

**PART C– to be completed by Chairperson Department Graduate Committee (or delegate)**

Do you support the scholar’s request for an extension to thesis submission date?

Yes No

|  |  |
| --- | --- |
| Please add any further comments here |  |
| Name/signature |  |
| Date |  |

## PLEASE FORWARD THE FORM TO YOUR DEAN / DIRECTOR

Approved

Comments:

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| --- |
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Name/Signature (Date)

**PART D: RECOMMENDATIONS BY UMT OFFICE OF DEAN RESEARCH**

**Please forward the form to the Office of Dean Research.**

I recommend that the candidate’s enrolment be:

Extended by 6 months beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continued subject to specified conditions as outlined below

Terminated

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| --- |
| Specified conditions of continued enrolment: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Research (Date)

**Form will be forwarded to BASAR for approval. Decision of BASAR be notified to PhD scholar/ his/her supervisor, DGC/SGC, Dean of School and Office of Dean Research**