



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY
BOARD OF POSTGRADUATE STUDIES**

POSTGRADUATE STUDENTS MONTHLY CONSULTATION FORM

Instructions

1. This form **must** be filled every month in **Triplicate**
2. The filled forms will be submitted to the Board of Postgraduate Studies through the chairperson, School Postgraduate Studies Committee.

Note

1. No dissertation/thesis will be submitted without a complete set of these forms.
2. It is mandatory for every postgraduate student to show evidence of regular monthly consultation with their supervisor (s) starting immediately after coursework and the supervisor has been assigned.

1. Name.....ADM. No.Date.....

2. Has had consultation with his supervisor and the following issues were addressed:

i).....

ii).....

iii).....

iv).....

v).....

3. Supervisor's recommendations: (use separate sheet if necessary)

i)

ii).....

iii).....

iv).....

v).....

4. The issues discussed should be addressed by (date).....

Supervisor:

Name.....Signature.....Date.....

SECTION B: TO BE FILLED BY THE CANDIDATE

Specify any challenges that may distract your progress:

- i).....
- ii).....
- iii).....
- iv).....

Candidate Signature.....

SECTION C: TO BE FILLED BY CO ORDINATOR OF SCHOOL

Comments:

Name.....Signature.....Date.....

SECTION D : TO BE FILLED BY THE DIRECTOR, BPS

Name.....Signature.....Date.....