



## RESEARCH PROGRESS REPORT

Semester: \_\_\_\_ Academic Year: \_\_\_\_/\_\_\_\_

No of semester of studies: \_\_\_\_

*(For student who is registering the Research in the current Semester)*

### SECTION A: STUDENT

#### Personal Details

NIM :

Name :

Department :

Program :

Number of extension already taken:

#### Thesis Writing Progress

Number of Chapters Completed :

Number of Chapters Approved :

Number of Chapters yet to be written :

Expected Date for Submission of Thesis:  /  /

**1. Research Progress according to study plan**

<b>SECTION B: SUPERVISOR</b> Progress Report
<i>Remarks:</i>

**Please use the scale below to assess the following:**

<b>Poor (1)</b>	<b>Fair (2)</b>	<b>Good (3)</b>	<b>Very Good (4)</b>	<b>Excellent (5)</b>
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**2. Student's Performance**

a. Commitment <input style="width: 30px;" type="checkbox"/>	c. Work Quality and Efficiency <input style="width: 30px;" type="checkbox"/>
b. Arabic/English Proficiency <input style="width: 30px;" type="checkbox"/>	d. Ability to Work Independently <input style="width: 30px;" type="checkbox"/>
i. Written <input style="width: 30px;" type="checkbox"/>	e. Integrity and Discipline <input style="width: 30px;" type="checkbox"/>
ii. Oral <input style="width: 30px;" type="checkbox"/>	

**3. Frequency of face-to-face Consultation:**

Never  
  1-3 times  
  4-6 times  
  7-9 times  
  More than 10 times

Other forms of communication:

**Overall Performance**

Type of Progress	Main Supervisor
Satisfactory	
Unsatisfactory	
*Marks will be graded as follows:  <input style="width: 30px; height: 25px;" type="checkbox"/> <b>IP (In Progress)</b> Satisfactory & Mediocre  <input style="width: 30px; height: 25px;" type="checkbox"/> <b>UP (Unsatisfactory)</b> Unsatisfactory	<b>Signature &amp; Official Stamp</b>

**SECTION C: DIRECTOR OF IPIEF  
Approval**

Based on the Supervisor's recommendation, Director of IPIEF APPROVES/DOES NOT APPROVE the student to continue his/her registration as follows:

Continue Register

Continue Register with extension period

Remarks:

Date:

Signature and Official Stamp:

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