



# UNIVERSITY OF CAPE COAST SCHOOL OF GRADUATE STUDIES

## HOD SEMESTER REPORT ON PHD/MPHIL/M.COM/MN STUDENTS

1<sup>ST</sup> [ ] 2<sup>ND</sup> [ ] SEMESTER, 20.....

Name of Head of Dept.(HOD).....

Name of Department:.....

Programme [e.g. MPhil (History)].....

**INSTRUCTION:** For each of the students, indicate the state of the thesis and provide comments.

Please, submit this report to the School of Graduate Studies through the College Provost within one month after the end of each semester. (i.e. before 1<sup>st</sup> February for First Semester and 1<sup>st</sup> September, for Second Semester)

NAME OF STUDENT	PROGRESS		COMMENTS
	On schedule	Behind schedule	

**DECLARATION:**

I hereby declare that the information as provided on the progress of work for the semester is true.

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*Name of Head of Dept.*

...../.....

*Signature/Date*