



**Research Supervision Contact Session (SCS) Report**

**A. Student Details [To be Completed by Student (s)]**

**FirstName:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **ID** \_\_\_\_\_

**FirstName:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **ID** \_\_\_\_\_

**FirstName:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **ID** \_\_\_\_\_

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**School:** \_\_\_\_\_ **ASDASS:** \_\_\_\_\_ **ABS:** \_\_\_\_\_ **SATES:** \_\_\_\_\_ **Open University:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Bachelor's Degree:** \_\_\_\_\_ **Master's Degree:** \_\_\_\_\_

**Thesis Topic:** \_\_\_\_\_  
\_\_\_\_\_

**B. Status and Evaluation of Student's Research Work [To be Completed by Supervisor]**

**Is Student's Research Work on Track as per Milestones and Deliverables?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Is Student facing any Specific Challenges that could Delay his/her work?:** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Students 's overall Performance to-date:** Poor/Not Satisfactory: \_\_\_\_\_ Average/Satisfactory: \_\_\_\_\_  
Above Average/Commendable \_\_\_\_\_

**Provide a SIX Point Summary of Recommendations/Comments/Guidance to Student during this Research Supervision Contact Session (YOU MUST COMPLETE ALL SIX POINTS):**

- 1.[What Done Right/Commendations]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. [What Not Done Right]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. [Areas/Aspects Where Improvements Required]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. [Comments on Formatting/Layout/ Quality of Writing/Adherence to Guidelines]: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. [List Questions/Clarifications Referred to the Student During the Contact Session]:

5.1: \_\_\_\_\_

5.2: \_\_\_\_\_

5.3: \_\_\_\_\_

5.4: \_\_\_\_\_

6. [List Specific Task You Requested the Student to Do before Next Contact Session]

6.1: \_\_\_\_\_

6.2: \_\_\_\_\_

6.3: \_\_\_\_\_

6.4: \_\_\_\_\_

**This is the 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ Research Supervision Contact Session this Trimester/Semester**

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Receiving Officer: Name \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_