



# SOUTH EASTERN UNIVERSITY OF SRI LANKA

## Progress Report

### A. TO BE COMPLETED BY THE SCHOLAR

1. Name: .....
2. Department: ..... 3. Faculty: .....
4. Date of Appointment: ..... 5. Date of commencement of study leave.....
6. Date of expiry of study leave: .....
7. Expected degree: .....
8. Place of study: .....
9. Title of study: .....
10. Name of Supervisor: .....

### B. TO BE COMPLETED BY THE SUPERVISOR

1. Period from: ..... to: .....
2. General progress: # # : Very Good/ Good/ Satisfactory/ Poor
  - a. Attendance : Regular/ Irregular/ Poor
  - b. Work : Very Good/ Good/ Satisfactory/ Poor
  - c. Staff Relations : Very Good/ Good/ Satisfactory/ Poor
3. Current status : Planning/ Laboratory work/ Field work/ Thesis writing/  
Correction/ Awaiting viva voce/ Completed
4. Any other comments :  
(Please use additional sheets if necessary)

Date: .....

Signature: .....

Name: .....

(Seal)

## Delete unnecessary

Please mail to:

Deputy Registrar  
Academic Establishments Division  
South Eastern University of Sri Lanka  
Olivil # 32360, Sri Lanka

### C. FOR OFFICIAL USE ONLY

1. Observation & Recommendation of the Head, Department of .....

Date: ..... Signature: .....

Name: .....  
(Seal)

2. Recommendation of the Dean, Faculty of .....

Date: ..... Signature: .....

Name: .....  
(Seal)

3. Recommendation of the Leave & Awards Committee/ Senate

Date: ..... Chairman .....  
LAC/ Senate

4. Approval of Council, South Eastern University of Sri Lanka

Approved/ Not Approved

Meeting Number: .....

Date: ..... .....

DR/ Academic Establishments