



## QUALITY ENHANCEMENT CELL

LIAQUATUNIVERSITY OF MEDICAL & HEALTH SCIENCES

MAINCAMPUSBUILDING JAMSHORO SINDH, PAKISTAN

PHONE # 022-9213360, FAX # 022-3878035

[www.lumhs.edu.pk/qec](http://www.lumhs.edu.pk/qec)

# RESEARCH STUDENT PROGRESS REVIEW FORM

To be submitted by the HoD / Dept. Quality Coordinator to the QEC

### For Research Student to Complete:

1. Date of admission to the department
2. Date of initiation of research
3. Date of completion of Course work
4. Number of credit hours completed
5. Date of Synopsis Defense
6. Cumulative Grade Point Average (CGPA) secured
7. Please outline details of progress in your research since your last review (including any research publications):
8. Do you have any comments on the level of supervision received?
9. What do you plan to achieve over the next 6 months?
10. Do you have any comments on generic or subject-specialist training you may have received or would like to receive internally and / or externally?
11. Do you have easy access to sophisticated scientific equipment?
12. Do you have sufficient research material / commodities available?



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Student \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisory Committee Comments

(Please comment on and benchmark the student's progress against your University's internal and external HEC Quality Criteria for Master/PhD/MPhil Studies)

Principal Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

### Head of Department Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Director, Board of Research Studies (or equivalent) Comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean/Director, QEC Action: (including monitoring of Follow-up action) Date: \_\_\_\_\_