

CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES – BUGANDO



DIRECTORATE OF RESEARCH AND INNOVATIONS/SCHOOL OF GRADUATE STUDIES

SUPERVISION ASSESSMENT FORM

Reporting Date	
Student Name	
Title of the Research	
Purpose of the Research	
(Degree, Master, PhD)	
Research period	
Supervisor 1	Name:
	Department:
	Area of expertise:
	Area of expertise.
Supervisor 2	Name:
- Со. р ст. ст. ст.	Department:
	Area of expertise:
Supervisor 3	Name:
•	Department:
	Area of expertise:



Supervisor

CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES – BUGANDO



REPORT FROM SUPERVISOR 1

REPORT FROM SUPERVISOR 1		
Reporting Date		
Student Name		
Purpose of the Research		
(Degree, Master, PhD)		
Supervisor 1	Name:	
	Department:	
	Area of expertise:	
Supervision Meetings	Number:	
	Date(s):	
	Contact time spent with supervisee:	
Supervision activities	Summarize the activities carried out (e.g. corrections, explanation,	
Con a mision when	statistics, lay-out, help in logistical issues, etc.)	
Supervision plan	Date of next supervision session: Planned activity until next session:	
Assessment of progress	Proposal still under review	
(Tick appropriate box)	Proposal ready to be submitted for Ethics & Review	
	No progress made since last session	

Seen by Student



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES – BUGANDO



REPORT FROM SUPERVISOR 2

Reporting Date	
Student Name	
Purpose of the Research	
(Degree, Master, PhD)	
Supervisor 1	Name:
	Department:
	Area of expertise:
Supervision Meetings	Number:
	Date(s):
	Contact time spent with supervisee:
Supervision activities	Summarize the activities carried out (e.g. corrections, explanation,
	statistics, lay-out, help in logistical issues, etc.)
Supervision plan	Date of next supervision session:
	Planned activity until next session:
Assessment of progress	Proposal still under review
(Tick appropriate box)	Proposal ready to be submitted for Ethics & Review
	No progress made since last session

Supervisor	Seen byStudent