

GHANA COLLEGE OF PHARMACISTS



DISSERTATION PROGRESS REPORT - MEMBERSHIP

A. RESIDENT'S PARTICULARS

1. Name
2. Registration Number
3. Date of First Registration for Programme
4. Full-time/Part-time (Indicate as appropriate)
5. Required date of Completion
6. Thesis/Dissertation Title/ Area
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7. Location of Research Activity
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B. ASSESSMENT BY SUPERVISOR(S)

8. How often do you see the resident?

9. Expected date of completion

10. Assess the resident's performance in the areas stated on the scale below:

Area of assessment	Excellent	Very Good	Satisfactory	Poor
Initiative				
Commitment to Project				
Progress Made				

11. Overall assessment of resident

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C. PROPORTION OF WORK DONE

12. (Please check at the appropriate places)

	Proportion of Work Completed			
	Quarter	Half	Three-quarters	Full
Experimental Work/Field Work				
Literature Review				
Analysis of Data				
Write-up				

Name of Primary Supervisor

Signature of Primary Supervisor Date

D. RESIDENT’S REMARKS/COMMENTS ON ASSESSMENT

13. How often do you see your Supervisor

14. Comments on assessment

15. Problem (if any) being encountered by the student.....

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Signature of ResidentDate

E. REMARKS BY HEAD OF FACULTY

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Signature of Head of Faculty..... Date