

DEPARTMENT OF MATHEMATICAL SCIENCES

Project Progress Report (Supervisor)

Student's name:

Supervisor's name:

The purpose of this form is to check that your project student's work is progressing satisfactorily. Please answer the questions and return the form to Dr. Tatar (Room TP126).

1. I have seen the above student for a total of ... hours in the last ... weeks.
2. What is the objective of the project?

3. Please comment on the student's progress towards the above objective:

4. I have asked the student to read Appendix L of Code of Practice on Assessment and the Academic Integrity Policy Guidelines for Students and Staff and explained their implications for the project report.

Signed:

Date: