



YOUNG SCIENTIST & RESEARCHER SCHEME

**STUDENT ACADEMIC PROGRESS REPORT
FOR ACADEMIC YEAR/SEMESTER/QUARTER**

SECTION A - To be completed by student

(N.B. Please ensure upon completion of Section A, this is to be submitted to Supervisor/Academic Registrar/Head of Program who will complete Section B and transmit it directly to UiTM).

- 1. Name of student:

- 2. Student number:

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- 3. I.C. number:

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- 4. Program of study/Degree sought:

- 5. Period of study approved: FromTo

- 6. Area of specialization:

- 7. Period on which this report is based:
FromTo

- 8. Name of Supervisor/Academic Registrar/Head of Program.
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- 9. Total credit hours/subjects required to complete program:

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Credit hours/subjects

- 10. (a) Total of transfer credit hours/subjects obtained from University.

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Credit hours/subjects

- (b) Total credit hours/subjects accumulated:

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Credit hours/subjects

11. Date of initial registration:

12. Expected date of completion:

13. Courses/subjects/examinations taken this academic year/semester/quarter:

Name of Courses/Subjects	Code	Credits	Grade
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(N.B. Copy of examination transcript must be enclosed)

14. GPA :

15. CGPA :

16. Frequency of consultation with Supervisor/Academic Registrar/Head of Program during period of this report:

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17. Research Progress:

(a) Title of project:
.....

(b) Project outline:
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- (c) Collection of data:
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- (d) Analysis of data:
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- (e) Chapters completed and progress:
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- (f) Date of submission:
- (g) Date of defence/oral:
- (h) Problems:
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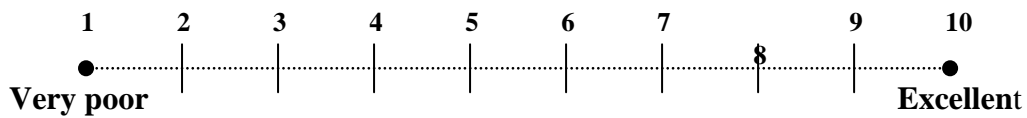
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 (Signature of student)

Date:

**SECTION B - To be completed by Supervisor/Academic Registrar/Head of Program: N.B
 Strictly confidential. Not to be disclosed to student.**

- 1. Comments on student's progress:
-
-
- 2. Stage of thesis/project/coursework:
-
-
- 3. Expected date of completion:
-
-

4. Student's rating for the following:
(on a scale of 1 to 10)



- (a) Diligence -
- (b) Attendance -
- (c) Interest -
- (d) Work quality and efficiency -
- (e) English proficiency:
 - i) Written -
 - ii) Oral -
- (f) Ability to work independently -
- (g) Overall performance -

3. Recommendations:

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Date:

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Name & Signature of Supervisor/Head of Program
(Official Stamp)

Please send direct to:
DEPUTY REGISTRAR
(HUMAN RESOURCES DEVELOPMENT)
UNIVERSITI TEKNOLOGI MARA
40450 SHAH ALAM
SELANGOR DARUL EHSAN