



TECHNICAL UNIVERSITY OF MOMBASA

Document: Form

Ref No.: TUM/Form/SGS/004

Title: SUPERVISOR – STUDENT MEETING

Department: SCHOOL OF GRADUATE STUDIES

Issue No. 1

Revision No. 0

Date: 4th August 2016

STUDENT NAMES _____ **REG. No.** _____

SUPERVISORS' NAMES: _____

MEETING DATE _____ **VENUE:** _____

S/No.	Discussion/Topics	Action Plan



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Signed (Student): _____ **Date** _____

Signed (SUPERVISOR 1): _____ **Date** _____

Signed (SUPERVISOR 2): _____ **Date** _____

Date of next meeting _____

*This form should be completed every time Student-Supervisor feedback happens, at least
THRICE each semester and sent to SGS.*

