**SOKOINE UNIVERSITY OF AGRICULTURE**

**COLLEGE OF FORESTRY, WILDLIFE AND TOURISM**

**DEPARTMENT OF WILDLIFE MANAGEMENT**

**Postgraduate Research Supervision- Meeting notes**

**NOTE: To be filled by Research student and approved (signed) by Supervisor**

**ONE** mandatory meeting per week (at least 1 hour) for MSc student **[ ] put tick**

**TWO** mandatory supervision meetings per week (at least 1 hour) for PhD students **[ ]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Venue:** |  |
| **Time and Duration of meeting** |  | | |
| **Participants names** |  | | |
| **Research Title** |  | | |
| **Chapter No. & Topic** |  | | |
| Scope and Purpose e.g. Data analysis, literature review, write up etc |  | | |
| **Main issues Discussed** | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| **Decision Taken** | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| **Next agreed tasks** | **Responsible** | | **Agreed Deadline** |
| **1.** |  | |  |
| 2. |  | |  |
| 3. | | | |
| **Additional Remarks** | | | |
|  | | | |
| **Next meeting** | | | |
| **Date** |  | **Time** |  |

This is to certify that the aforementioned information is complete and correct based on the discussion held between the student and supervisor.

**Student Name**: **Signature**: ………………..Date:…………...

**Supervisor Name**: **Signature**…………………….. Date…………………

**RETURN this form to Office of Head of Department Or email this form as PDF to wildlife@sua.ac.tz**