

ANNEXURE B: AQIP MONITORING & REPORTING

The following procedures will be followed for monitoring of and reporting on the progress of scholarship holders under this programme:

1. IPMS MONITORING
   1. Individual scholarship holders must enter into a performance agreement with the CoD / Head of the Institute at the start of the AQIP leave and the beginning of each subsequent calendar year, focused only on the Research KPA, based on the approved research plan / proposal submitted with the AQIP application, with the successful completion of the qualification as the overall target.
   2. Mid-year and year-end assessments must be completed with the CoD / Head of the Institute, according to the performance agreement and the IPMS process.
   3. Completed performance agreements and assessments must be submitted to CRIC to monitor the performance of AQIP scholarship holders.
2. PROGRESS REPORTING
   1. Individual scholarship holders must submit quarterly and annual progress reports (AQIP3), comparing actual progress made with the envisaged, planned progress in the research plan / proposal, as well as with what was agreed to in the IPMS agreement.
   2. Progress reports must be signed-off by the supervisor, the CoD / Head of the Institute and the School Director.
   3. Signed-off progress reports must be submitted to the Office of Graduate Studies & Research, the Executive Dean’s Office for CGS or the Research Manager’s office for GSBL, who must submit it to CRIC.
   4. CRIC must ensure that the information provided in the progress reports is correct and that satisfactory progress was made.
   5. The Heads of the Offices of Graduate Studies & Research or the Research Manager for GSBL, as well as the CRIC Chairs and the Executive Deans of the Colleges must sign-off on the progress reports, if progress is found to be satisfactory.
   6. If progress is found to be unsatisfactory, refer to paragraph 17.
   7. All signed-off progress reports must be submitted to SRIPCC for noting, until such time as the qualification has been successfully completed by the scholarship holder and proof of the completed qualification has been submitted together with the final report (AQIP4).
   8. Electronic copies of the signed-off annual progress reports as well as proof of the successful completion of the qualification together with the final report should also be sent to the Research & Innovation Support Programmes Manager as well as the Post Award Manager in the Directorate: Research Support.

ANNEXURE E: AQIP PROGRESS REPORT (AQIP3)

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|  | **PROGRESS REPORT FOR ACADEMIC QUALIFICATION IMPROVEMENT PROGRAMME** | **AQIP3** |

###### CONFIDENTIAL

**Incomplete and / or applications filled in by hand will not be accepted**

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| **How to tick a tick box:** Double-click inside the square and select *Checked* under *Default Value* |

1. **PARTICULARS OF SCHOLARSHIP HOLDER**

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| **Surname:** |  | | | | | | | | | | | | | | | | | **Title:** | | | | | | | |  | | | | | | | | | | |
| **Maiden Name:**  *(surname before marriage)* |  | | | | | | | | | | | | | | | | | **Initials:** | | | | | | | |  | | | | | | | | | | |
| **Full Names:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Designation / Position:** |  | | | | | | | | | | | | | | | | | **Staff Number:** | | | | | | | |  | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | **Work Tel No:** | | | | | | | |  | | | | | | | | | | |
| **ID / Passport Number:** |  | | | | | | | | | | | | | | | | | **Date of Birth:** | | | | | | | |  | | | | | | | | | | |
| **Gender:** |  | | Male | | | | |  | | | | Female | | | | | | **Disability:** | | | | | | | |  | | | | Yes | | | |  | | No |
| **Employment Status:** |  | Permanent  (Tenured) | | | |  | | | | Permanent  (Not Tenured) | | | | | | |  | | | Contract  (< 5 years) | | | |  | | | | Contract  (5 years + full benefits) | | | | | | | | |
| **Post Level:** |  | P4 | |  | P5 | |  | | | | P6 | | |  | | P7 |  | | | P8 | |  | P9 | | | |  | | | | Other: | | | | \_\_\_\_\_\_\_\_ | |
| **Race:** |  | | Black | | | | | |  | | | | Coloured | | | | | |  | | Indian | | | | | | | | | | |  | White | | | |
|  | | Other *(Please specify):* | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| **Nationality:** |  | | South African | | | | | | | | | |  | | Permanent Resident | | | | | | | | | |  | | | | Foreign National | | | | | | | |
| **Office Building, Office Number and Campus:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **College:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department / Institute:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. **RESEARCH SUMMARY**

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| **Qualification for which Funding was Granted:** |  | Master’s Degree | | | | |  | Doctoral Degree | | | | | | | | |
| Period of Progress Report Due Dates for Reports:   * + - * 01 April       * 01 July       * 01 October       * 02 January | **Year 1** | | | | | | | | | | | | | | | |
|  | Quarterly 1 | |  | Quarterly 2 | | | | |  | Quarterly 3 | | |  | Annual 1 | |
| **Year 2** | | | | | | | | | | | | | | | |
|  | Quarterly 1 | |  | Quarterly 2 | | | | |  | Quarterly 3 | | |  | Annual 2 | |
| **Year 3** | | | | | | | | | | | | | | | |
|  | Quarterly 1 | |  | Quarterly 2 | | | | |  | Quarterly 3 | | |  | Annual 3 | |
| **University where Degree is Registered:** |  | | | | | | | | | | | **Anticipated Year of Completion:** | | | |  |
| **Supervisor’s Details:** | **Title, Names & Surname:** | | | | |  | | | | | | | | | | |
| **Email:** | |  | | | | | | **Contact Number:** | | | |  | | | |
| **Research Title:** |  | | | | | | | | | | | | | | | |
| **Provide a Short Description of Progress to Date:** |  | | | | | | | | | | | | | | | |

1. **RESEARCH PLAN AND PROGRESS ACCORDING TO PLAN AND IPMS AGREEMENT**

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| **Planned Due Date** | **Activities and Chapters**  *(According to Research Plan as submitted in application form and in IPMS Agreement)* | **Date Completed / Still in Progress** |
| **First 12 Months (Year 1)** | | |
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| **Second 12 Months (Year 2)** | | |
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| **Third 12 Months (Year 3)** | | |
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1. **BUDGET UTILISED**

| **Budget Item** | **Date** | **Amount Claimed** |
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| **First 12 Months (Year 1)** | | |
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| **Second 12 Months (Year 2)** | | |
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| **Third 12 Months (Year 3)** | | |
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| **Total** | | **R** |

1. **SIGNATURES**
   1. **Signed before Submission to Graduate Studies & Research Head:**
      1. ***Scholarship Holder***

**Supporting Comments:**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***Supervisor***

**Supporting Comments:**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***Chair of Department (CoD) / Head of Institute***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***School Director***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* 1. **Signed after Submission to CRIC based on Satisfactory Performance:**
     1. ***Head of the Office of Graduate Studies & Research***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***Research Manager***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***College Research and Innovation Committee (CRIC) Chair***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
| **Date:** |  |  | **Signature:** |  |

* + 1. ***Executive Dean***

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| Recommended? |  | Yes |  |  | No |  |

**Comments (Optional):**

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| **Name:** |  | | |
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