

ANNUAL GRADUATE STUDENT PROGRESS REPORT								
Student Name:			Report D	Pate:				
Student ID:			•	•				
			Start Date:					
Program:			Completion Date:					
Phone Number: This form is due each yeacademic semester until	ear by April 30. If progress il the program is complete	is unsat	Email: tisfactory, student wi	additional reports will be required at t	the end of each			
Projected Completion D		Date		Comments				
Course requirements								
Candidacy Exams (PhD)								
Thesis proposal (MA The	sis students)							
Project (MEd Non-Thesis	students)							
Oral exam or Comprehen	sive Exam							
SUPERVISORY COMMIT	TTEE MEMBERS	Role (s	upervisor,	member, outside member)				
		Supervisor						
		Co-supervisor (if applicable)						
		Membe	er					
		Outside	e member ((PhD only)				
		COL	JRSEWOR	K				
Course Number	Course Title			Term Completed or Planned	Grade			

TA and TEACHING WORK							
Term	Course	Position(s)		Total Hours			
AWARDS & OTHER FIN	ANCIAL SUPPORT						
Start Date	End Date	Source		Amount \$			
WORK TERMS, PRACTI	CA, COOP or PROFESSIO	NAL ACT	IVITIES (f	eel free to use extra pages)			
Completed			Planned				
RESEARCH ACTIVITY – Completed	(papers, conferences)		Planne	٠.			
Completed			Piailile	···			
	n Supervisor/Committee						
Date of Meeting (Who you met with)			Date of	Date of Meeting (Who you met with)			
PROGRAM GOALS FOR COMING YEAR							

To be completed by the SUPERVISOR on Record							
Evaluate progress to date:							
(NA) Not Applicable (U) Unsatisfactory Struggled to meet expectations, progress is below what is expected, minimal progress toward goals. (S) Satisfactory Meets expectations, progress toward goals, timely completion of required courses thesis/project components							
Program	Rating	Actions to be Taken (include DEADLINES)					
Regular attendance at scheduled meetings							
Course work							
Project/Thesis/Dissertation Progress							
Professional Activities (MA, PhD)							
Developing Research Experience (MA, PhD)							
Comments by the supervisor (use additional pag	e if necessary)						
Comments by the student (use additional page if	necessary)						
Supervisor Signature: Co	ommittee Membe	er Signature <i>(if applicable):</i>	Date:				
Student Signature:			Date:				
The signature of the supervisor acknowledges that the supervisory committee has been consulted, and the report has been discussed with the student. The signature of the student acknowledges that the report has been discussed with the supervisor.							