



Department of Geography Formal Review of Student Progress

Date: _____

Student's Name: _____

Program: MSc MA PhD

Current Program Year: 1 2 3 4 5 5+

Date of Entry: _____

Course Requirements

Completed Courses

Course Number	Grade Achieved	Term of completion

Required courses yet to be completed:

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Research and Writing Progress

Thesis/dissertation title or specific research topic:

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Completed research and writing goals or progress from last year:

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Research and writing goals for current year:

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Anticipated month and year of final oral examination: _____

Evaluation of Student Progress

Comments on progress, identification of problems, suggestions, recommendations:

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Result of Review

- ☐ The student's progress is satisfactory
- ☐ The student's progress needs improvement. We, the supervisory committee, recommend that the following steps be taken to address the issues identified in the section above:

Student name: _____

Student signature: _____

(Co-)Supervisor name: _____

(Co-)Supervisor signature: _____

Co-supervisor and committee member signatures:

Name 1: _____ Name 2: _____

Signature 1: _____ Signature 2: _____

Name 3: _____ Name 4: _____

Signature 3: _____ Signature 4: _____