

## Faculty of Graduate Studies

## **Graduate Studies Annual Progress Report Form for Course- and Comprehensive Exam-Based Students**

Thesis- and Practicum-based students please use Graduate Studies Annual Progress Report Form for Thesis- and Practicum-based students.

Submit completed form to graduateadmissions@uwinnipeg.ca.

Student Name:			Student Number:	
Program:		Program Start (mm/yy): /		
□Full-Time □Part-Time		□С	ourse-Based [	□Comprehensive Exam-Based
Degree Sought:				
(ex. MA	, MSc, MDP, MPA,)			
Program Status: Cours	e Work Report			
	Required Credit Hours	Completed Credit Hours	Remaining Credit Hours	Completion date or anticipated completion date of required credit hours
Core Course Requirement				
Elective Course Requirement				
Program Status: Comp Comprehensive Exam	completed?			
	cion date (mm/yy) _ ced completion dat			
Program Status: Co-Op	Term Report			
	d? ion date (mm/yy) <sub>-</sub> ed completion dat			

## **PART B**

Has the student met with their program advisor formally during the past 12 months?  ☐ Yes – number of times ☐ No – indicate why:
Has the student met with their supervisory/advisory committee formally during the past 12 months ☐ Yes – indicate when (mm/yy)/ ☐ No – indicate why
□N/A
PART C: Student's Progress
Outline the student's goals and program milestones met in the past year
Student Evaluation The student's performance in the program is:
☐ Satisfactory Student meets or exceeds minimum expectations/program requirements
☐ In need of improvement  Student does not meet minimum expectations/program requirements; student should be allowed to re-register but specific improvement is required.  (If selected, please provide detailed requirements, including deadlines, below.)
☐ Unsatisfactory Student should be required to withdraw. (If selected, please provide reason(s) below.)
Improvement(s) required (including all deadlines) or reason(s) to withdraw:

(continued on next page)

Outline the goals and program miles	tones to be met	in the coming year	
PART D: Signatures			
•		were completed prior to my signing. I have read would like to comment on my ADR by attaching a	
Student Signature:	Date:	Preferred e-mail address:	
Graduate Program Coordinator Signa	ture:	Date:	
Dean of Graduate Studies Signature:_		Date:	
Notos			

## Notes:

- 1. Attach a separate sheet if additional space is required for any section.
- 2. The department should retain a copy of the completed ADR as well as providing the student a copy.