

Graduate Studies Annual Progress Report Form For Thesis- and Practicum-Based Students

Course- and Comprehensive Exam-based students please use Graduate Studies Annual Progress Report Form for Course- and Comprehensive Exam-based students.

Submit form to graduateadmissions@uwinnipeg.ca to be signed by Dean of Graduate Studies.

PART A: Program of Study and Status

Student Name:	Student Number:			
Program:	Program Start (mm/yy): /			
□Full-Time □Part-Time	☐Thesis Based ☐Practicum Based			
Degree Sought:				
Program Status:				
List of Courses Completed				
All courses completed? ☐ Yes ☐ No — expected completion date (mm/yy):/				
Courses still to be completed (if applicable)				
Co-On Term completed? Tyes TNo – expected completion d	ate (mm/w/): / \square N/ \triangle			

PART B: Thesis - and Practicum- Status

Has the student met with their advisory committee in the past 12 months? ☐Yes ☐No − indicate why				
If no, indicate why				
THESIS STREAM USE ONLY				
Research topic approved?				
Thesis proposal approved? ☐ Yes ☐ No – expected approval date (mm/yy): /				
Ethics approval obtained? ☐Yes ☐No — expected approval date (mm/yy): / ☐N/A				
Status of Research Activity:				
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Proceeds and the 12 TWo This constant and the deleter to the 1				
Research completed? □Yes □No – expected completion date (mm/yy):/				
Expected thesis completion date (mm/yy): /				
PRACTICUM STREAM USE ONLY				
Practicum topic approved?				
Required number of practicums:				
Practicum completion date (mm/yy):/				
Practicum completion date (mm/yy):/				
Practicum completion date (mm/yy):/				
Practicum completion date (mm/yy):/				
PART C: Student's Progress				
Outline the student's goals and program milestones met in the past year				

(continued on next page)

Student Evaluation The student's performance in the program is:				
☐ Satisfactory Student meets or exceeds	s minimum expectations/p	orogram requirements.		
□ In need of improvement Student does not meet m re-register but specific im (If selected, please provid	provement is required.			
☐ Unsatisfactory Student should be require	ed to withdraw. (If selected	d, please provide reason(s) below.)	
Improvement(s) required (in	cluding all deadlines) or re	eason(s) to withdraw:		
Outline the goals and program milestones to be met in the coming year				
PART D: Signatures At least 2 signatures, including the student's advisor's, are required.				
Last Name	Role	Signature	Date	
Student Declaration: The ab and I understand my Annual I would like to add comment	Progress Report (APR).		ny signing. I have read	
Student Signature	e Date (dd/mm/yy) student's preferred e-mail address			
Graduate Program Coordinator Signature		Date (dd,	Date (dd/mm/yy)	
Dean of Graduate Studies Signature		Date (dd,	Date (dd/mm/yy)	

- ${\bf 1.}\ Attach\ a\ separate\ sheet\ if\ additional\ space\ is\ required\ for\ any\ section.$
- 2. The Department should retain a copy of the completed APR and provide the student a copy.