



## 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](mailto: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: \_\_\_\_\_  
(ex. MA, MSc, MDP, MPA,...)

#### Program Status:

List of Courses Completed

All courses completed?  Yes  No – expected completion date (mm/yy): \_\_\_\_ / \_\_\_\_

Courses still to be completed (if applicable)

Co-Op Term completed?  Yes  No – expected completion date (mm/yy): \_\_\_\_ / \_\_\_\_  N/A



<b>Student Evaluation</b> The student's performance in the program is:
<input type="checkbox"/> <b>Satisfactory</b> Student meets or exceeds minimum expectations/program requirements.
<input type="checkbox"/> <b>In need of improvement</b> 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.)
<input type="checkbox"/> <b>Unsatisfactory</b> Student should be required to withdraw. (If selected, please provide reason(s) below.)
Improvement(s) required (including all deadlines) or reason(s) to withdraw:

Outline the goals and program milestones to be met in the coming year
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**PART D: Signatures**

At least 2 signatures, including the student's advisor's, are required.

Last Name	Role	Signature	Date

<b>Student Declaration:</b> The above portions of this form were completed prior to my signing. I have read and I understand my Annual Progress Report (APR). I would like to add comments to my APR: <input type="checkbox"/> Yes <input type="checkbox"/> No
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_____	_____	_____
Student Signature	Date (dd/mm/yy)	student's preferred e-mail address
_____	_____	_____
Graduate Program Coordinator Signature	Date (dd/mm/yy)	
_____	_____	_____
Dean of Graduate Studies Signature	Date (dd/mm/yy)	

- Notes:**
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.