

Graduate Studies Annual Progress Report Course Based Program

This form should be accompanied by a copy of the degree audit.

PART A: Program of Study and Status (To be completed for all students)

Student name: _____ Student Number: _____

Program Start: (mm/yy) ____ / ____ FT PT Major Department: _____

Program of Study:

M.Sc.	M.A.	JMP
Bioscience	Criminal Justice	History
ACS	Cultural Studies	MPA
	ERDE	PACS
	MDP	Religion
	MiM	
	MMFT	
	Theology	

Program Status: Course Work Report

	Number of Credit Hours Required	Number of Credit Hours Completed	Remaining Credit Hours	Completion or Anticipated Completion Date
Core Course Requirement				
Elective Course Requirement				

To be completed if applicable:

Comprehensive Exam Completed:

- Yes
- No – if no, expected exam date (mm/yy): ____ / ____

Co-Op Term Completed:

- Yes
- No – if no, expected completion date (mm/yy): ____ / ____

PART B:

Has the student met with their program advisor formally during the past 12 months?

- Yes – if yes, indicate how many times: _____
- No – if no, please indicate why: _____

Has the student met with their supervisory/advisory committee formally during the past 12 months?

- Yes – if yes, indicate when: _____
- N/A

PART C: Signatures

Student Declaration: The above portions of this form were completed prior to my signing. I have read and I understand the Annual Progress Report (APR). I would like to comment on my ADR by attaching a document:

- Yes
- No

Student Signature: _____ Date: _____

Graduate Program Coordinator Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Dean of Graduate Studies Signature: _____ Date: _____

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.