

Graduate Studies Annual Progress Report Form

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

Student Name: _____ Student Number: _____

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

Program of Study: MSc BioSci MA Ind Gov MSc ACS MA Cult Stud MA ERDE
 JMP History JMP Rel Stud JMP Public Admin MMFT Theology MDP MA CJ
Stream: _____

Program Status:

List courses completed: _____

All Course work completed: Yes No – if no, anticipated date of completion (mm/yy) ____/____

List courses still _____

to be completed: _____

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 the advisory committee during the past 12 months?

Yes – if yes, indicate how many times: _____

No – if no, indicate why: _____

Thesis Stream Use Only:

Research Topic Approved: Yes No

Thesis Proposal Approved: Yes No

Has ethics approval been obtained? Yes No NA

Status of Research Activity: _____

Research Completed: Yes No

Thesis Completion Date (mm/yy): ____/____

Practicum Stream Use Only:

Practicum Topic Approved: Yes No

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 goals met last year: _____

Student Rating (Check one)

Rating	Category	Description/Action
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate	Satisfactory	Student meets or exceeds minimum expectations
<input type="checkbox"/> Marginal <input type="checkbox"/> Very Marginal	In need of Improvement	Student does not meet minimum requirements; student should be allowed to re-register but specific improvement is required (please provide detailed requirements, including deadlines below)
<input type="checkbox"/> Failure	Unsatisfactory	Student should be required to withdraw (please provide reason(s) below)
Improvement(s) required (including deadlines) or reason(s) to withdraw: _____ _____		

Outline the goals to be met in the coming year: _____

PART D- Signatures: (To be completed for all students, a minimum of 2 signatures are required including the student's advisor)

Last Name (print)	Signature	Date	Role

Student Declaration: 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: No Yes: _____

Student Signature Date (dd/mm/yy) student's current (preferred) email address

 Graduate Program Coordinator Signature

 Dean of Graduate Studies Signature

 Date (dd/mm/yy)

 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 as well as providing the student a copy.