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.