

## 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: \_\_\_\_\_

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#### 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	Decription/Action
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate	<b>Satisfactory</b>	Student meets or exceeds minimum expectations
<input type="checkbox"/> Marginal <input type="checkbox"/> Very Marginal	<b>In need of Improvement</b>	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	<b>Unsatisfactory</b>	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: \_\_\_\_\_

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\_\_\_\_\_

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.