

ANNUAL PROGRESS REPORT FOR RESEARCH-BASED STUDENTS

ANNUAL PROGRESS REPORT DUE DATES:

1) SEPTEMBER 1:	NURSING	, INTERDISCIPLINARY	STUDIES, KINESIOLOGY	, BUSINESS ADMINISTRATION
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2) DECEMBER 1: SCIENCE, EDUCATION

3) FEBRUARY 1: FORESTRY

4) MARCH 1: ARTS

5) JUNE 1: ENGINEERING, PSYCHOLOGY, COMPUTER SCIENCE

FAMILY NAME:		GIVEN NAME(S):	
MAILING ADDRESS:			
	Number	Street Name	
	City	Province	Postal Code
TELEPHONE:		E-MAIL:	
GAU/CAMPUS:		STUDENT NUMBER:	
DEGREE:		YEAR OF STUDY IN THIS DEGREE:	
		RECENT PROGRESS AND PLAN F s with your Supervisor and Committee this	FOR COMPLETION
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C. Provide a detailed timeline for completion of your degree (use an additional sheet as needed):					
D. If you have exceeded the time allowed for degree completion, please explain:					
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E.E. (ALL) (STILL) D.C. (MONTHAVEAD)					
E. Expected date of Thesis Defense (MONTH/YEAR):					
STUDENT'S SIGNATURE	DATE:				
PART B: TO BE COMPLETED BY STUDENT AND SUPERVISOR: CHECK	KLIST OF ROLES AND RESPONSIBILITIES				
Please affirm completion of the Checklist of Discussion Topics (and pro	vide any additional comments):				
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PLEASE SUBMIT COMPLETED FORM TO YOUR SUPERVISOR OR ADV					
PART C: TO BE COMPLETED BY SUPERVISOR OR ADVISOR (F	please print or type)				
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PLEASE LIST THE MEMBERS OF THE SUPERVISORY COMMITTE	EE:
PLEASE SUBMIT COMPLETED FORM TO THE DIRECTOR OF GR PART D: TO BE COMPLETED BY THE DIRECTOR OF GRADUAT	
*I HAVE READ AND CONCUR WITH THIS ANNUAL PROGR	RESS REPORT: □ YES □ NO
*NSERC/SSHRC/CIHR STUDENT AWARD HOLDERS ONLY SATISFACTORY PROGRESS IN HIS/HER PROGRAMME.	
* EXTENSION REQUESTED: ☐ YES ☐ NO	
ADDITIONAL COMMENTS:	
DIRECTOR OF GRADUATE STUDIES NAME:	
SIGNATURE	DATE
SIGNATURE OF STUDENT: I HAVE SEEN THIS REPORT	DATE
PLEASE SUBMIT COMPLETED FORM TO THE SCHOOL OF GRAI	DUATE STUDIES OFFICE 🕏
PART E: TO BE COMPLETED BY THE DEAN OR DESIGNATE AT COMMENTS:	THE SCHOOL OF GRADUATE STUDIES
EXTENSION: □ YES □ NO	
SGS APPROVAL:	
DATE:	D.W.G
TO BE COMPLETED BY THE SCHOOL OF GRADUATE STU	
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