

UNIVERSITY OF NEW BRUNSWICK
SCHOOL OF GRADUATE STUDIES



Graduate Degrees conferred since 1830

Making a significant difference

ANNUAL PROGRESS REPORT
FOR RESEARCH-BASED STUDENTS

ANNUAL PROGRESS REPORT DUE DATES:

- 1) SEPTEMBER 1: NURSING, INTERDISCIPLINARY PROGRAMS, KINESIOLOGY
MASTER OF BUSINESS ADMINISTRATION
- 2) OCTOBER 15: COMPUTER SCIENCE
- 3) DECEMBER 1: SCIENCE, EDUCATION
- 4) FEBRUARY 1: FORESTRY
- 5) MARCH 1: ARTS
- 6) JUNE 1: ENGINEERING, PSYCHOLOGY

PART A: TO BE COMPLETED BY THE STUDENT (please print or type)

FAMILY NAME: _____ GIVEN NAME(S): _____

MAILING ADDRESS: _____
Number Street Name

City Province Postal Code

TELEPHONE: _____ E-MAIL: _____

G.A.U.: _____ STUDENT NUMBER: _____

DEGREE: _____ YEAR OF STUDY IN THIS DEGREE: _____

PLEASE EVALUATE YOUR PROGRESS DURING THE LAST ACADEMIC YEAR

- A. INDICATE WHICH PROGRAMME REQUIREMENTS HAVE BEEN COMPLETED IN THE PAST YEAR AND WHICH, IF ANY, REMAIN TO BE COMPLETED:
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-
-
-
-
-
-
-
-
-
- B. INDICATE THE DATES (OR NUMBER OF) AND AGENDA OF MEETINGS HELD WITH YOUR ADVISOR OR SUPERVISORY COMMITTEE IN THE PAST ACADEMIC YEAR:

C. IF YOU HAVE EXCEEDED THE TIME ALLOWED FOR THE COMPLETION OF YOUR DEGREE PROGRAMME, PROVIDE REASONS WHY YOUR PROGRAMME REQUIREMENTS (INCLUDING THE THESIS, IF APPLICABLE) HAVE NOT BEEN COMPLETED:

D. OUTLINE A DETAILED TIMETABLE FOR THE COMPLETION OF YOUR PROGRAMME REQUIREMENTS (INCLUDING THE THESIS, IF APPLICABLE):

E. EXPECTED DATE OF THESIS DEFENCE/DATE EXPECTED TO COMPLETE DEGREE (MONTH/YEAR): _____
MM / YYYY

STUDENT'S SIGNATURE _____ DATE: _____

PART B: TO BE COMPLETED ONLY BY STUDENTS CURRENTLY HOLDING AN NSERC, SSHRC, OR CIHR AWARD

Please check which Graduate Award you are currently holding:

- | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> NSERC – PGSM | <input type="checkbox"/> NSERC-PGSD | <input type="checkbox"/> NSERC-CGSM | <input type="checkbox"/> NSERC-CGSD | <input type="checkbox"/> NSERC-IPS |
| <input type="checkbox"/> SSHRC-DOCTORAL | <input type="checkbox"/> SSHRC-CGSM | <input type="checkbox"/> SSHRC-CGSD | <input type="checkbox"/> NSHRF | |
| <input type="checkbox"/> CIHR-DOCTORAL | <input type="checkbox"/> CIHR-CGSM | | | |

PLEASE SUBMIT COMPLETED FORM TO YOUR SUPERVISOR OR ADVISOR ↗

PART C: TO BE COMPLETED BY SUPERVISOR OR ADVISOR (please print or type)

COMMENT ON THE STUDENT'S PROGRESS DURING THE PAST ACADEMIC YEAR. IF APPLYING FOR AN EXTENSION, PROVIDE EXPLANATION:

EXPECTED COMPLETION DATE: _____
DD MM YYYY

SUPERVISOR OR ADVISOR'S NAME: _____

SIGNATURE: _____ DATE: _____

PLEASE LIST THE MEMBERS OF THE SUPERVISORY COMMITTEE:

PLEASE SUBMIT COMPLETED FORM TO THE DIRECTOR OF GRADUATE STUDIES FOR COMMENTS & SIGNATURE ↗

PART D: TO BE COMPLETED BY THE DIRECTOR OF GRADUATE STUDIES (please print or type)

*I HAVE READ AND CONCUR WITH THIS ANNUAL PROGRESS REPORT: YES NO

*NSERC/SSHRC/CIHR STUDENT AWARD HOLDERS ONLY: IN MY OPINION, THE AWARD HOLDER IS MAKING SATISFACTORY PROGRESS IN HIS/HER PROGRAMME. YES NO

*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 GRADUATE STUDIES OFFICE ↗

PART E: TO BE COMPLETED BY THE DEAN OR DESIGNATE AT THE SCHOOL OF GRADUATE STUDIES

COMMENTS:

COMMENTS:

EXTENSION: YES NO
CIHR

NSERC SSHRC

SGS APPROVAL: _____

SGS APPROVAL: _____

DATE: _____

DATE: _____

TO BE COMPLETED BY THE SCHOOL OF GRADUATE STUDIES

SATISFACTORY UNSATISFACTORY SIGNATURE _____