



School of Graduate Studies

ANNUAL PROGRESS REPORT FOR RESEARCH-BASED STUDENTS

ANNUAL PROGRESS REPORT DUE DATES:

- 1) SEPTEMBER 1: NURSING, INTERDISCIPLINARY STUDIES, KINESIOLOGY, BUSINESS ADMINISTRATION
- 2) DECEMBER 1: SCIENCE, EDUCATION
- 3) FEBRUARY 1: FORESTRY
- 4) MARCH 1: ARTS
- 5) JUNE 1: ENGINEERING, PSYCHOLOGY, COMPUTER SCIENCE

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: _____

GAU/CAMPUS:

STUDENT NUMBER: _____

DEGREE:

YEAR OF STUDY IN THIS DEGREE: _____

PLEASE OUTLINE YOUR RECENT PROGRESS AND PLAN FOR COMPLETION

A. Provide dates (or frequency) and agenda of meetings with your Supervisor and Committee this past year:

B. Indicate which degree requirements were completed and which remain to be completed:

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:

EXTENSION: YES NO

SGS APPROVAL: _____

DATE: _____

TO BE COMPLETED BY THE SCHOOL OF GRADUATE STUDIES

SATISFACTORY UNSATISFACTORY SIGNATURE _____