



## GRADUATE STUDIES – Annual Progress Report

**Note: To be submitted to the office of the Dean of Graduate Studies.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Department: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Start Date: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Date of Committee Meeting: \_\_\_\_\_

Full Time Student: \_\_\_\_\_ Part Time Student: \_\_\_\_\_

### COURSES COMPLETED:

Course Number & Title	Date Completed	Grade

**PROGRESS:**      Satisfactory      Requires further review\*      Unsatisfactory\*

\_\_\_\_\_

**Committee Comments** (Provide a timeline outlining planned steps towards completion of thesis work and Committee plans to further progression towards completion; attach additional pages if necessary):

**Supervisory Committee Members Signatures:**

_____ Supervisor	_____ Date	_____ Email
_____ Co-Supervisor (if applicable)	_____ Date	_____ Email
_____ Committee Member (internal)	_____ Date	_____ Email
_____ Committee Member	_____ Date	_____ Email
_____ MSc Candidate	_____ Date	_____ Email