



GRADUATE STUDIES – Annual Progress Report

Fillable form: open in Adobe Acrobat and click Fill & Sign

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

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):

PROGRESS: Satisfactory Requires further review* Unsatisfactory*

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
