



Faculty of Graduate Studies

Annual Progress Report Form

Please Note

- This form should be completed at least annually and returned to the Faculty of Graduate Studies via the department by **June 15**. Completion of the form is voluntary unless required by a School or Faculty.
- Where it is mandatory, students will not be permitted to re-register if their Annual Progress Report has not been submitted for the previous academic session. Failure to submit a complete form by June 15 may result in late registration (and applicable late registration fees) and/or award/funding interruptions.

For the period

From _____

To _____

Part A | Program of Study and Status (to be completed by all students)

Student Name (Last, First) _____ Student Number _____

Major Department(s) _____ Program Start Date (MM/YYYY) _____

Program of Study Master's (thesis or practicum) Master's (comprehensive, project or coursework)

 Graduate Diploma Master's Recital

Course Work Completed? Yes No If no, anticipated completion date (MM/YYYY) _____

Please list course(s) outstanding/still to be completed

Part B | Thesis, Practicum, or Recital Routes (to be completed by all students)

Has the student met with their advisory committee during the past 12 months?

Yes (Please indicate how many times) _____

No (Please indicate why) _____

Practicum Stream Only Practicum Topic Approved? Yes No Practicum Completion Date (MM/YYYY) _____

Thesis Stream Only Research Topic Approved? Yes No Thesis Proposal Approved? Yes No

Ethics Approval Obtained? Yes No N/A

Status of Research Activity _____

Research Completed? Yes No Anticipated Thesis Completion Date (MM/YY) _____

Recital Stream Only

Recital I Repertoire Approved? Yes No Completed Anticipated Recital Date (MM/YYYY) _____

Recital II Repertoire Approved? Yes No Completed Anticipated Recital Date (MM/YYYY) _____

Part C

Student Rating (To be completed by the Advisor)

	Category	Description / Action
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate	Satisfactory	Student meets or exceeds minimum expectations
<input type="checkbox"/> Marginal <input type="checkbox"/> Very Marginal	In Need of Improvement	Student does not meet minimum requirements; student should be allowed to re-register, but specific improvement is required (please provide detailed requirements, including deadlines, below*)
<input type="checkbox"/> Failure	Unsatisfactory	Student should be required to withdraw (please provide reason(s) below*)

*Details as requested above _____

Outline the goals to be met in the upcoming year _____

Part D | Signatures (to be completed by the Advisor and/or Advisory Committee)

Role	Name (please print)	Signature	Date (mm/dd/yy)
Advisor	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____
Committee Member	_____	_____	_____

Student Declaration: I have read and understand my Annual Progress Report.

I would like to add comments to my PR Yes No _____

Student's Signature **Date (mm/dd/yy)** **Student's current/preferred email address**

Department Head's Signature **Date (mm/dd/yy)** **Dean of Graduate Studies Signature** **Date (mm/dd/yy)**

Notes | *If full committee attendance was not possible, please indicate why
| *Attach a separate sheet if additional space is required for any section
| *The Department should retain a copy of the completed PR, as well as provide the student a copy