**Master of Psychiatric Nursing**

**Annual Progress Report Form**

**Revised January 2023**

## For the Academic Year

Due by June 1st, please submit to the Office Assistant, Hayley Bedford at bedfordh@brandonu.ca once student and thesis advisor/program coordinator signatures have been obtained.

# A. Student Information

Name:

Student Number: Address:

Phone Number:

Email:

Program Start Date:

#  B. Courses Completed (please check all that apply):

\*Stream courses are offered every second year\*

|  |  |
| --- | --- |
|  |  |
| 75:651 Foundations | 75:655 Seminar Topics | 75:659 Leadership/Admin I |
| 75:652 Philosophy | 75:656 Readings | 75:660 Leadership/Admin II |
| 75:653 Qualitative | 75:657 Clinical I | 75:661 Education I |
| 75:654 Quantitative | 75:658 Clinical II | 75:662 Education II |
|  |  |  |

 Anticipated Start Date of Readings Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All course work completed

 **C. Thesis (complete only if you are in the thesis stage, please check if**

 **completed):**

Thesis Proposal Approved

if so, title:

Ethics Approval Obtained

Data Collection Completed

Anticipated Completion Date:

# D. Student Progress (to be completed in collaboration with the student and

#  thesis advisor/program coordinator):

## Outline the goals met in this reporting period:

**Outline the goals to be met in the next reporting period:**

**Scholarly Activities that student has attended (minimum of two per academic year):**

 **The student attended the mandatory annual orientation in Year 1 of the program YES or NO**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date of Year 1 Orientation Session)**

 **Rationale, if the student did not attend:**

 **The student plans to attend or attended the second mandatory annual orientation in \_\_\_(YEAR)\_\_\_**

**Student has met with advisor and committee members during the reporting period:**

Yes, met with committee and advisor Yes, met with advisor only

Thesis committee has been informed of student progress

## Additional Comments:

**E. Student Rating (to be completed in collaboration with the student and thesis**

 **advisor/program coordinator):**

**Category Description/Action**

Satisfactory Student meets or exceeds minimum expectations. Allow re-registration.

In Need of Improvement Student does not meet minimum expectations.

If first “in need of improvement” assessment, then re- registration will be allowed but improvement is required. Please provide details regarding goals, timeline and next committee meeting date below.\*

If second consecutive “in need of improvement” assessment, then student will normally be withdrawn from the program. Please provide additional details as appropriate below.\*

\*Details as requested above:

# F. Signatures:

Thesis Advisor Name:

Signature: Date:

**Student Declaration: The above portions of this form were completed prior to my signing. I have read and I understand my Annual Progress Report.**

Student Signature: Date:

Program Coordinator Signature: Date: