**Master of Psychiatric Nursing**

**Annual Progress Report Form**

**For the Academic Year**  **-** 

Due by June 1st, please submit to the Office Assistant, Amber Barbeau at barbeaua@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):**

all course work completed [ ]

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 [ ]

**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:**

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**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:**

Click or tap here to enter text.

**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 assessment, then student will normally be withdrawn from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:

Click or tap here to enter text.

**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: 