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assessment, then student will normally be withdrawn from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