**Faculty of Graduate Studies**

**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.

**Annual Progress Report Form**

**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 Advisors)

 **Category Description / Action**

 [ ]  Excellent

 [ ]  Good Student meets or exceeds minimum expectations

 [ ]  Satisfactory

 [ ]  Adequate

 [ ]  Marginal Student does not meet minimum requirements; student should be allowed to

 [ ]  Very Marginal re-register, but specific improvement is required **(please provide detailed**

**[ ]** In Need of Improvement **requirements, including deadlines, below\*)**

 [ ]  Failure **Student should be required to withdraw (please provide reason(s) below\*)**

 [ ]  Unsatisfactory

**\*Details as requested above:**

Outline the goals to be met in the upcoming year:

**Part D | Signatures** (to be completed for all students)

**Role Name (please print) Signature Date (mm/dd/yy)**

Advisor

Committee Member

Committee Member

Committee Member

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

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)

 | \*If full committee attendance was not possible, please indicate why

Notes | \*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