



ANNUAL PROGRESS REPORTS FOR GRADUATE STUDENTS

<b>Student Name</b>		<b>Student Number</b>	
<b>Program</b>	<input type="checkbox"/> MA <input type="checkbox"/> MSc <input type="checkbox"/> PhD	<b>Date</b>	

The student is pursuing a degree with a:  Thesis  Major Research Paper  Internship

Date the student began Masters /PhD studies at Trent :

TIME TO COMPLETE GUIDELINES		
M.A. Course Based	M.A. / M.Sc. Thesis	Ph.D
2 years – Full Time (FT)	3 years – Full Time (FT)	5 years – Full Time (FT)
4 years – Part Time (PT)	5 years – Part Time (PT)	9 years – Part Time (PT)

Using Time to Complete Guidelines, is student currently within the Guidelines  Yes  No  
If no, student will be required to complete an Application for a Time Limit Extension Request Form and meet with his/her supervisor and Program Director

**Scholarship Holder:** Please indicate type of award

OGS/OGS-ST  PGS-A  PGS-B  SSHRC  IPS  Other \_\_\_\_\_

List Graduate Courses and Grades completed **this** academic year: This is for reference only. Grades should be submitted using a Course Grade Sheet.

<u>Course</u>	<u>Grade</u>	<u>Course</u>	<u>Grade</u>
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Has the student completed the program’s course requirements?  Yes  No

**Comments:**

1. The Handbook states that the Supervisory Committee “meet at least once each year, to review the student’s progress and to promote, constructively, the student’s research”. How many times has this committee met in the past year?

**Circle:** >3                      2-3                      1-2                      None: (please explain)

2. Please comment on the status of thesis or major research paper:

Anticipated Completion Date: \_\_\_\_\_

3. List any publications, conference papers or journal articles the student has authored or co-authored over the past year (or attach a current list of publications or C.V.)

4. Recommendations in light of the student's progress:  
(i.e. additional course work, further research, withdrawal from program)

Please list current members of Supervisor Committee:

i) Supervisor: \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

iv) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Supervisor)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Graduate Program Director)

Program Director Comments: (if desired)

By checking this box I agree that I have read the report  \_\_\_\_\_  
(or attach email stating such) (Student initial) Date

***If the student wishes, he/she may append additional comments. A student who feels he/she is receiving unsatisfactory supervision is urged to meet with his/her Program Director. If not satisfactorily resolved, the student is encouraged to meet with the Dean of Graduate Studies as soon as possible.***

Distribution: (1) School of Graduate Studies  
(2) Graduate Program Director  
(3) Supervisor  
(4) Student