

Graduate Student Progress Report

This form is to be completed at the initial registration of each graduate student and updated each May 1st and retained by the Graduate Coordinator with a copy to be sent to the Office of Graduate Studies.

Student Information

Surname: _____ Given Name: _____ Student Number: _____

Graduate Program: _____ Collaborative Program: _____

Citizenship Status

Canadian Citizen Landed Immigrant Student Visa

Program Options

Thesis Research Project Course

Academic Background

University: _____ Department: _____

Degree Granted: _____ Date Degree Granted: _____

Admission Conditions

Regular: _____

Qualifying: _____

Admission Conditions Satisfactorily Met Date: _____

Registration Information

Date of Initial Registration: _____ Full-Time Part-Time Co-Op

Leave of Absence Dates: _____ Time Extension Dates: _____

Change of Status: Full-Time Part-Time Co-op Date: _____

Continuation Codes: Year 1: _____ Year 2: _____ Year 3: _____ Year 4: _____

Year 5: _____

Funding Information

Graduate Assistantships			
	Term	Year	Funding Amount
	Fall		
	Winter		
	Fall		
	Winter		
	Other		

Faculty Research Grant		
	Dates	Funding Amount

Scholarship, Awards, and Bursaries	
Name of Award	Award Amount

Co-op/Internship Information

Location: _____ Period: _____

Co-op/ Internship Report Received Date: _____

Location: _____ Period: _____

Co-op/ Internship Report Received Date: _____

Course Information

Course	Date	Mark	Course	Date	Mark

All Required Course Work Completed Date: _____

Comprehensive Requirement Completed Date: _____

Language Requirement Completed Date: _____

Practicum Completed Date: _____

Thesis/ Research Project Information

Thesis Research Project/ Paper

Topic: _____

Supervisor: _____ Committee Members: _____

Proposal Completed Date: _____

Defense/ Oral Examination Completed Date: _____

Research/ Project Paper Completed Date: _____

Internal Examiner: _____

External Examiner: _____

Thesis Submitted for External Review Date: _____

Internal Examiner's Report Received Date: _____

External Examiner's Report Received Date: _____

Degree Requirements Complete Date: _____

Signatures

Signature: _____ Date Initialed: _____

Signature: _____ Date Updated: _____

Signature: _____ Date Updated: _____

Signature: _____ Date Updated: _____

Signature: _____ Date Updated: _____