



- This form should be completed at least annually and returned to the Faculty of Graduate no later than June 1, 2016.
- Attach a separate sheet if additional space is required for any section.
- The Department should retain a copy of the completed Progress Report, as well as provide the student with a copy.

For the period from

_____ to _____
(mm/yyyy) (mm/yyyy)

Part A | Program of Study Status (to be completed for all students)Student Name (**LAST**, First) _____ Student Number _____

Department / Unit _____ Program Start Date (mm/yyyy) _____

Program of Study? ☐ Ph.D. ☐ Master's (thesis or practicum) ☐ Master's (comprehensive, project or coursework) ☐ DiplomaCoursework completed? ☐ Yes ☐ No If **no**, please indicate the number of credit hours yet to be completed _____

Students are ultimately responsible for ensuring that they meet degree and program requirements. The advisor (co-advisor), advisory committee and the department must ensure that each student follows the guidelines and meets the program requirements. The Faculty of Graduate Studies performs a final check of program requirements for each student just prior to graduation. Students are cautioned, therefore, to check all regulations with respect to the degree requirements. **Failure to meet all requirements will result in failure to graduate.**

Part B | Thesis or Practicum Routes (to be completed for Ph.D. and Master's students in the thesis or practicum routes only)***Advisor Student Guidelines Completed? (Required)** ☐ Yes ☐ No If **Yes**, did you complete the ☐ Online Form (via JUMP) **OR** ☐ Paper Form

*The Advisor Student Guidelines (ASG) must be completed prior to the commencement of any research and no later than the submission of the first progress report for the student. The ASG only needs to be completed once during a student's program, unless the student changes his/her advisor(s), and/or the terms of the agreement change, in which case a new ASG would be required.

Has the student met with the advisor or the advisory committee during the reporting period?**

- ☐ Yes, met with advisory committee
- ☐ Yes, Advisor only Please indicate why _____
- ☐ No Please indicate why _____

**Ph.D. students must meet with their entire committee at least once a year to review the student's progress, as per FGS regulations

Practicum Stream Only	Practicum Topic Approved?	<input type="radio"/> Yes <input type="radio"/> No	Practicum completion date (mm/yyyy) _____
Thesis Stream Only	Thesis Proposal Approved?	<input type="radio"/> Yes <input type="radio"/> No	Thesis completion date (mm/yyyy) _____
	Research Completed?	<input type="radio"/> Yes <input type="radio"/> No	
Ph.D. Students Only	Candidacy Exam Completed?	<input type="radio"/> Yes <input type="radio"/> No	If no, anticipated completion (mm/yyyy) _____

Part C | Student's Progress (to be completed for all students)Outline the goals met in **this reporting period**

Outline the goals for the **next academic year**

Student Rating (please select one)

Attach or provide additional details below for your student rating, if necessary

<input type="radio"/> Excellent	Satisfactory Student meets or exceeds expectations. Allow re-registration
<input type="radio"/> Very Good	
<input type="radio"/> Good	Student meets minimum expectations. Allow re-registration
<input type="radio"/> Adequate	
<input type="radio"/> Marginal	In Need of Improvement Student does not meet minimum expectations. If first "in need of improvement" assessment, then allow re-registration but improvement is required. Please provide additional details, including timeline and anticipated next committee meeting date.
<input type="radio"/> Inadequate	If second consecutive "in need of improvement" assessment, then please provide additional details as the student should be required to withdraw from the program.

Please provide additional details below for your student rating.

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

Advisor Name _____ UM Employee ID Number _____

Advisor Signature _____ Date _____
(mm/dd/yyyy)Co-advisor Name _____ UM Employee ID Number _____
(If applicable)Co-advisor Signature _____ Date _____
(mm/dd/yyyy)**Committee Members**

Name	Signature	Date (mm/dd/yyyy)
------	-----------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Comments (Optional)

Student Email _____

Student Declaration: The above portions of this form were completed prior to my signing. I have read and I understand my Progress Report (PR).Student Signature _____ Date _____
(mm/dd/yyyy)Grad Chair/Unit Head's Signature _____ Date _____
(mm/dd/yyyy)FGS Office Use Only ☐ Hold Removed
Initials _____ Date (mm/dd/yy) _____