

Research progress reporting for Doctoral thesis students at McGill is mandatory. This report must be completed in full at least annually at face-to-face meetings between thesis students, their supervisors, and supervisory committee member(s). This report may also be supplemented with unit-specific details or documents (see page 2). Units can also use this report for Master's students in non-thesis research programs if this is a Unit-wide practice.

In cases where the student has missed an established progress report deadline and has not responded to the Unit within 4 weeks after being contacted by the Unit, the report may be completed in the student's absence, and progress may be judged unsatisfactory.

The student, supervisor(s), and academic unit must retain copies of this form. It must also be made available to members of the supervisory committee and university administrators authorized to view student records upon request.

External award holders must use this form for annual progress reports, including the box on page 3. Submit a copy to GPS Graduate Funding.

Please contact a GPS Associate Dean regarding any questions about progress reporting.

STUDENT'S NAME _____ STUDENT'S ID _____

DEGREE AND YEAR _____ DEPARTMENT _____

SUPERVISOR'S NAME _____

CO-SUPERVISOR'S NAME (IF APPLICABLE) _____

Check all that apply: This form is a(n)

- first** report to set objectives for first-year students
- regular** report done every _ month(s)
- external award holder** report
- interim** report after an unsatisfactory report
- comprehensive exam** report

For a **first report**, students complete the **Objectives** box only. For subsequent reports, students complete all boxes on this page.

OBJECTIVES and timelines jointly agreed upon by student and supervisor(s) for next meeting in _____ month(s) (e.g., courses, [ethics approval](#), required training, chapter, data collection, initial thesis submission)

OBJECTIVES SET at a previous meeting should be in hand to review at the present meeting.

PROGRESS toward stated objectives, other accomplishments, and/or student's notes on progress (e.g., conference presentation, award, submitted article, rationale for priorities). To ensure that students have a voice in this report, and to support or counterbalance the evaluation on p. 2, only the student may report on progress in this box.

I have completed: Coursework Yes No N/A

Lab safety training Yes No N/A

Ethical approval Yes No N/A

STUDENT'S SIGNATURE _____ DATE _____

SUGGESTIONS (if applicable) for meeting the objectives above (e.g., reading, drafting, training, talking with another expert)

EVALUATION of progress toward objectives (to be completed by supervisor)					
	Research plan	Research skills	Requisite knowledge*	Research accomplishments	Overall
Satisfactory	<input type="checkbox"/>				
Unsatisfactory	<input type="checkbox"/> †				
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Requisite knowledge is often developed through coursework, which may be commented on in the box below. However, unsatisfactory progress in coursework alone cannot lead to an unsatisfactory progress report because a separate Failure Policy governs coursework. Please see the Failure Policy in Graduate Studies on the University Regulations and Resources website, starting at www.mcgill.ca/study.

†A first overall unsatisfactory report must lead to a follow-up progress tracking meeting, not sooner than 4 months after the first report and not later than 6 months after the first report. DEADLINE FOR FOLLOW-UP REPORT:_____.

Failure to meet overall objectives on two Reports (not necessarily successive) constitutes unsatisfactory progress towards the degree and, if recommended by the academic unit, the student will be withdrawn from the University.

EXPLANATION of the evaluation, and comments on related areas, such as coursework, lab work, etc., as appropriate.

SUPPLEMENTARY DETAILS (Optional)
Use this box to include additional details according to the norms of the student's academic unit (e.g., funding status; other supervisory committee meetings).

External Award Holders must complete this box and email a copy of the entire progress report to GPS Funding, copying their supervisor to the email.

Tri-Council Agency: NSERC ___ SSHRC ___ CIHR ___ Start date of award: May 1 ___ Sept 1 ___ Jan 1 ___

A) Award holders who are registered full-time must limit the number of hours of employment to 450 hours over a 12-month award period.
 I did not work any additional hours to my full-time research.
 I worked ___ hours during my award year. Nature of paid work: _____

B) Award holders are responsible for reporting any changes in program when they occur because it may affect ongoing eligibility (i.e., leaves of absence, change in supervisor or research, change in registration, etc.).
 There were no changes to my student status in the past year
 There were changes to my student status in the past year: _____

SIGNATURES (PLEASE PRINT NAMES): * Mandatory. Must be present to sign together.	<i>I agree with the statements and evaluation in this Report.</i>	<i>Has a conflict of interest arisen in respect of any of the parties signing?*** (See examples)</i>	_____ DATE
_____ * STUDENT'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ STUDENT'S SIGNATURE
_____ * SUPERVISOR'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ SUPERVISOR'S SIGNATURE
_____ * CO-SUPERVISOR'S NAME (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ CO-SUPERVISOR'S SIGNATURE (if applicable)
_____ * COMMITTEE MEMBER'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ COMMITTEE MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE

Anyone listed above who does not agree with the statements and evaluation in this Report must attach an explanation. If any document has been attached to this report, please check here:

In case of disagreement, the student or supervisor should consult the Unit's Graduate Program Director or a GPS Associate Dean.

FOR INTERNAL USE:

GPD approval is required on all Progress Tracking Reports; attendance at meeting is not. If the GPD is the supervisor, the Chair must sign here.

GPD (Chair) Name: _____ Signature: _____

Regulation on Conflict of Interest - **If anyone checks YES, the form must be submitted to the Dean of GPS with an explanation. If there is any doubt, contact the appropriate GPS Associate Dean.

"Conflicts of interest may take various forms and may arise in various contexts. A potential conflict of interest will exist whenever a member of the University community is in a position to influence the conduct of research, academic, human resource, business, financial, governance or other matters in ways that could lead to personal gain for the member or a related party, or give improper advantage to others, to the detriment of the University or other members of the University community."

"The Regulation recognizes that the existence of a potential conflict situation does not necessarily connote misconduct or preclude the involvement of a member in the situation in which the conflict has arisen – provided the conflict is recognized, disclosed, assessed and addressed. However, it must be recognized that not all conflicts of interest, even if disclosed in a timely manner, will be permitted."