

Graduate Student Annual Program and Supervisory Report



SCHOOL OF GRADUATE STUDIES

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form by email to: sgs@mun.ca.

NB: Not required for all-course programs. Please refer to [General Regulation 3.9.3](#) for guidelines on supervisory report submission.

Student Information

MUN #:	Last Name:	First Name:	Middle Name:
Academic Unit:	Degree:	Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Year in Program:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> >7	Expected Completion Date:	

Program Details

Course Work	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many courses have been completed? When are all courses expected to be completed?
ESL Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Second Language Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Animal Care Seminar	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Examination	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
PHIA	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Updated IP Agreements (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Status of the Thesis

Thesis proposal	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
Literature review	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
Research	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
At least two chapters completed	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
Thesis draft	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started

Timetable

Please use the detailed timetable for completion of remaining program requirements on page 3.

Supervisor's Assessment of Student's Progress

How would you rate the student's progress over the past year? Excellent Satisfactory Unsatisfactory

If "unsatisfactory", please enter your comments below with detailed reasons or attach a sheet along with any supporting documentation.

Recommendations

Continue (Student is actively engaged in program or on approved leave of absence.)

Conditions, if any:

Terminate (Reason for termination – see [Regulation 3.13](#)):

Withdrawal (A recommendation of “withdrawal” must be accompanied by a letter from the student requesting withdrawal and the effective date requested.)

Signatures

I have seen this report and agree disagree that it represents an accurate assessment of my progress.

Student: _____ **Date:** _____

Note: If you do not agree with the report, a letter setting out the reason(s) for disagreement must either accompany the report or be forwarded separately to the Dean of Graduate Studies.

(Co-)Supervisor:

Signature: _____ **Date:** _____

Co-Supervisor:

Signature: _____ **Date:** _____

Member of Committee:

Signature: _____ **Date:** _____

Member of Committee:

Signature: _____ **Date:** _____

Medicine - RGS Office:

Signature: _____ **Date:** _____

Dean/Associate Dean, School of Graduate Studies:

Signature: _____ **Date:** _____

If the student cannot be reached for a signature, a copy **must** be sent to him/her by the academic unit. The academic unit should indicate “Sent to student” in the student’s signature space, enter the date sent and indicate below the date of last contact with the student by the supervisor or academic unit.

Date of last contact with the student: _____

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTERM-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the School of Graduate Studies, at 709.864.2445 or at sgs@mun.ca.

Updated April 2021

Detailed Time Table of Program of Study

[to accompany 'Graduate Student Annual Progress & Supervisory Report' form]

Student Name: _____ Student #: _____

Date: _____

Anticipated Timeline for Completion (*please indicate the month and year you completed or anticipate completing each of the following components*):

Course work: _____

Comprehensive exams: _____
(for doctoral students only)

Lit review, proposal and ethics approval: _____

Research: _____

First complete draft written: _____

Convocation: _____

Summary of comments from the committee to the candidate:

(*samples: course recommendations, changes to research objectives, suggested timing for next committee meeting, etc.*)