

# 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](mailto: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?<br>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 drafted   | <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 enter a detailed timetable for completion of remaining program requirements.   |  |   |   |
| Supervisor's Assessment of Student's Progress   |  |   |   |
| How would you rate the student's progress over the past year? <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> 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:** \_\_\_\_\_

**Head of Academic Unit:**

**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](mailto:sgs@mun.ca).*

Updated May 2021