



MASTER OF EDUCATION PROGRAM

STUDENT PROGRESS REPORT

The purpose of the Student Progress Report is to ensure that students enrolled in the MEd Program are making adequate progress towards completion of their degree program. Please provide all of the information requested below, following discussion with your faculty advisor, and return the report to: MEd Office, Nipissing University, 100 College Drive, Box 5002, North Bay, ON, P1B 8L7. Thank you.

Name: _____ ID: _____ Program: MED

Advisor/Research Supervisor:

Courses Completed or In-Progress:

Please check the Route you have selected: if you have not decided, please check "Undecided":

Thesis Route _____ Research Paper Route _____ Course Route _____ Undecided _____

In what MEd courses do you plan on enrolling this year?

Please indicate your goals for this year. If you are considering a Thesis or Research Paper or have started one of these, please indicate what you hope to accomplish.

Student Signature

Date

Protection of Privacy

The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support the Student Progress Report. The information will be used to review your progress in the MEd Program and will be disclosed to your faculty advisor or your research supervisor, and the Faculty of Education. If you have any questions about the collection, use, and disclosure of this information please contact the Graduate Studies Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, 705-474-3461 ext. 4378.