GRADUATE STUDENT RESEARCH PROGRESS REPORT FORM

To be completed by the supervisor and/or supervisory committee

☐ Indicate if this is an INTERIM report (following an unsatisfactory report)

Name: _____ **Supervisor:** _____

Degree & Year: _____ **Dates of Applicable Time Period:**

Department: _____ **From:**_____ **To :**_____

Evaluation of Research Progress							
	Comprehensives	**Research Plan**	**Requisite Knowledge**	**Research Skills**	**Motivation**	**Research Accomplishments**	**Other**
Meets Objectives	☐	☐	☐	☐	☐	☐	☐
Fails to Meet Objectives	☐	☐	☐	☐	☐	☐	☐
NA	☐	☐	☐	☐	☐	☐	☐

Explanation of above ratings

By signing below, all parties acknowledge that the evaluation and progress described above are acceptable. **Please note that failure to meet objectives on any two progress reports may be cited as grounds for requiring that a student withdraw from the program of study.**

Overall research progress : satisfactory_____; NOT satisfactory_____;

Supervisor: _____ Date: _____

Student: _____ Date: _____

Chair or Director of Graduate Studies (or delegate): _____ Date: _____
or advisory/ thesis committee member(s)

☐ Student did not sign form and does not agree with evaluation (explanation attached)