



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) Fill in the required data, save and print the file; (5) Send the completed form to

[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C A1C 5S7 Canada Fax: 709.864.4702 eMail: 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			
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
Draft Written	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
Other (Specify)	<input type="checkbox"/> Completed	<input type="checkbox"/> Currently being done	<input type="checkbox"/> To be started
Timetable			
Please attach a detailed timetable for completion of the thesis, remaining course work, presentations, etc.			
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			
<input type="checkbox"/> Continue	(Student is actively engaged in program or on approved leave of absence.)		
<input type="checkbox"/> Conditions, if any:			
<input type="checkbox"/> Terminate	(Reason for termination – see Regulation 3.13):		
<input type="checkbox"/> 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 Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at sqs@mun.ca.

Updated May 2015