

GRADUATE STUDENT PROGRESS REPORT

Last Name: _____ First Name: _____
Student ID: _____ Degree Program: _____
Department/School: _____ Term: _____ Year: _____ Semester Level: _____

Department Recommendation (some concerns or unsatisfactory):

- ☐ Refer to Dean for action
☐ For OGS student file only (department will take action)

☐ **SATISFACTORY**¹ (Form remains in Department student file).

Comments: _____

☐ **SOME CONCERNS**²:
☐ Action Plan attached

☐ **UNSATISFACTORY**³:
☐ Action Plan attached

Courses: ☐ Continuing ☐ Completed

Research: ☐ In planning stage ☐ In progress ☐ Completed ☐ N/A

Date of most recent advisory committee meeting: _____

Faculty Comments: (use additional page if required)

Student comments: (use additional page if required)

¹ **SATISFACTORY** EVALUATION represents normal progress with the usual needs for advising. A copy of the evaluation report is placed in the student's file in the Department.

² **SOME CONCERNS** is compatible with an expectation for successful completion but some specific concerns regarding current performance and/or progress are noted. A copy of the evaluation report is placed in the student's file in the Department and a copy is sent to the Office of Graduate Studies. **Departments are encouraged to prepare a plan of action to ensure a future satisfactory outcome.**

³ An **UNSATISFACTORY** EVALUATION is a clear indication of concern about the student's ability to complete the program. **In cases of an unsatisfactory evaluation there must be a statement by the department as to what action is being taken at the department level or is required of the Assistant VP (Graduate Studies & Program Quality Assurance).**

Advisor's Name: _____ Advisor's Signature: _____

Co- Advisor's Name: _____ Co-Advisor's Signature: _____

Advisory Committee Members (Please list names. ALL signatures are required.):

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Chair, Department Graduate Studies Committee:

_____ Date: _____

Student's Signature:

_____ Date: _____

☐ **Student received a final copy of report**

☐ **I would like to request a meeting with the Graduate Coordinator to discuss my progress**

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The student is required to read and sign the report. The student is encouraged to respond to these comments or make observations on their program by communicating with representatives of the program. In instances in which there is disagreement between the student and the committee, materials which the student may wish to submit to the Office of Graduate Studies will also be added to the student's file.

A copy of the evaluation report is placed in the student's file in the department and a copy is sent to the Office of Graduate Studies.