

This form must be completed at least annually and returned to FGS no later than June 1 of every year.  
Failure to provide a Progress Report by June 1 will result in a registration restriction.

For the period from \_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

## Part A | Program of Study Status (to be completed for all students)

Student Name (**LAST**, First) \_\_\_\_\_ Student Number \_\_\_\_\_

Major Department / Unit \_\_\_\_\_ Program Start Date (mm/yyyy) \_\_\_\_\_

Student Status  Full-Time  Part-Time

Program of Study?  Ph.D.  Master's (thesis or practicum)  Master's (comprehensive, project, coursework or major research paper)

Coursework completed?  Yes  No If **no**, please indicate the number of credit hours yet to be completed \_\_\_\_\_

**Students are responsible for ensuring that they meet degree and program requirements.** The advisor (and co-advisor), advisory committee and the department/unit must ensure that each student follows Faculty of Graduate Studies and department/unit guidelines and meets all program requirements. The Faculty of Graduate Studies performs a final check of Faculty of Graduate Studies minimum requirements for each student just prior to graduation. Students are cautioned, therefore, to periodically check all regulations with respect to their degree requirements. **Failure to meet all requirements will render a student ineligible to graduate.**

## Part B | Thesis or Practicum Routes (to be completed for Ph.D. and Master's students in the thesis or practicum routes only)

Online Advisor Student Guidelines Completed? (**Required**)      Yes      No      Reviewed Currently?      Yes      No

*The Advisor Student Guidelines (ASG) must be completed as soon as possible after registration, but no later than at the time of submission of the first progress report. The ASG only needs to be completed once during a student's program, unless the student changes his/her advisor(s), and/or the terms of the agreement change, in which case a new ASG would be required. The ASG form is available only online through JUMP.*

### Has the student met with the advisor(s) or the advisory committee during the reporting period?

*Note: Ph.D. students must meet with their entire committee at the same time at least once a year to review the student's progress, as per FGS regulations.*

- Yes, met with advisory committee
- Yes, advisor(s) only      Please indicate why \_\_\_\_\_
- No      Please indicate why \_\_\_\_\_

			Expected Completion Date
<b>Practicum Stream Only</b>	Practicum Topic Approved?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)
<b>Thesis Stream Only</b>	Thesis Proposal Approved?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)
	Ethics Approved?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	_____ (mm/yyyy)
	Research Completed?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)
<b>Ph.D. Students Only</b>	Candidacy Exam Completed?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)

Is there a **conflict of interest** that has been or needs to be declared to FGS?      Yes      No

A COI could be present due to personal relationships or recent collaboration among committee members due to the perception of a lack of impartiality.

## Part C | Student's Progress (to be completed for all students)

Provide a detailed list of goals met in **this reporting period**. (Attach a separate sheet if additional space is required for any section.)

**Student Rating** (please select one)

<p><b>Satisfactory</b></p> <p><input type="radio"/> Student meets or exceeds minimum expectations.</p>
<p><b>In Need of Improvement</b></p> <p><input type="radio"/> Student does not meet minimum expectations.</p> <p>If first "in need of improvement" assessment, re-registration will be allowed. Student must achieve the detailed list of goals and timelines (to be attached to this form) by the next in-person committee meeting date (typically 4 months after this rating is given).</p> <p>If second consecutive "in need of improvement" assessment, the student will normally be withdrawn from their program.</p>
<p><b>Unsatisfactory</b></p> <p><input type="radio"/> Student should be required to withdraw. Clearly detail the reason(s) for this rating.</p>

**MANDATORY: Provide sufficient detail to justify the student rating.**  
*(Attach a separate sheet if additional space is required.)*

Provide a detailed list of goals and specific timelines expected for the **next reporting period.** *(Attach a separate sheet if additional space is required for any section.)*

**Part D | Signatures** (all signatures are required)

\_\_\_\_\_ (Advisor Name) \_\_\_\_\_ (Department/Unit) \_\_\_\_\_ (UM Employee ID Number)  
 Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(mm/dd/yyyy)*

\_\_\_\_\_ (Co-Advisor Name) if applicable \_\_\_\_\_ (Department/Unit) \_\_\_\_\_ (UM Employee ID Number)  
 Co-advisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(mm/dd/yyyy)*

**Committee Members**

Name	Department/Unit	Signature	Date (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Comments (Optional)

\_\_\_\_\_

**Notice Regarding Collection, Use, and Disclosure of Personal Information by the University**

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of maintaining a record of progress regarding your program of study, and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

**Student Declaration: The above portions of this form were completed prior to my signing. I have read and I understand my Progress Report.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(mm/dd/yyyy)*

Department/Unit Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please indicate:  Department/Unit Head  Graduate Chair *(mm/dd/yyyy)*

FGS Office Use Only  Hold Removed \_\_\_\_\_  
 Initials \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_