University of Manitoba | Faculty of Graduate and Postdoctoral Studies

Progress Report Form

This form must be completed at least annually but no more than once every four months and returned to FGPS 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 _____ (*mm/yyyy*) to _____ (*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 Expected Program Completion Date (*mm/yyyy*) _____

Program of Study? ☐ Ph.D. ☐ Master's thesis ☐ Master's practicum ☐ Master's comprehensive

☐ Master's project ☐ Master's coursework ☐ Master's major research paper

Coursework Completed? ☐ Yes ☐ No If *no*, please indicate the number of credit hours yet to be completed _____

Coursework Current? (within 7 years) ☐ Yes ☐ No

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 and Postdoctoral Studies and department/unit guidelines and meets all program requirements. The Faculty of Graduate and Postdocotral Studies performs a final check of Faculty of Graduate and Postdoctoral 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)

Advisor Student Guidelines Completed? ☐ 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 advisor(s), and/or the terms of the agreement change, in which case a new ASG would be required. FGPS recommends that the ASG be reviewed once per year. The ASG form is available only online through SharePoint.

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 FGPS regulations.

☐ Yes, met with advisory committee

☐ Yes, advisor(s) only Please indicate why _____

☐ No Please indicate why _____

					Expected Completion Date
Practicum Stream Only	Practicum topic approved?	☐ Yes	☐ No		_____ (*mm/yyyy*)
Thesis Stream Only	Thesis proposal approved?	☐ Yes	☐ No		_____ (*mm/yyyy*)
	Ethics approved ?	☐ Yes	☐ No	☐ N/A	_____ (*mm/yyyy*)
	Research completed?	☐ Yes	☐ No		_____ (*mm/yyyy*)
Ph.D. Students Only	Candidacy exam completed?	☐ Yes	☐ No		_____ (*mm/yyyy*)

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*)

- ☐ **Student meets or exceeds expectations for academic progress**
- ☐ **Does not meet expectations for academic progress**
  If the first "does not meet expectations for academic progress" assessment, re-registration will be allowed. Student must achieve the detailed list of realistic 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).
  A second consecutive "does not meet expectations for academic progress " assessment will usually lead to a requirement to withdraw from their program.
- ☐ **Unsatisfactory academic progress**
  Student will be required to withdraw. Clearly detail the reason(s) for this rating.

Provide justification for rating in relation to program goals.
(Attach a separate sheet if additional space is required.)

Provide a detailed list of goals and specific timelines agreed upon by the student, advisor and advisory committee expected for the **next reporting period.** (*Attach a separate sheet if additional space is required for any section.)*

Student Comments (Optional)

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

Is there a conflict of interest (COI) that has been or needs to be declared to FGPS? ☐ Yes* ☐ No

*If yes, please ensure mitigation plan is submitted.

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

By signing this document, I acknowledge that I have read all three pages and understand the report.

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

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

Committee Members

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

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** _____ (*mm/dd/yyyy*)

Please indicate: ☐ Department/Unit Head ☐ Graduate Chair

FGPS Office Use Only ☐ Hold Removed

_____ Initials _____ Date (*mm/dd/yyyy*)

This document is available in alternative formats by contacting graduate.studies@umanitoba.ca