

*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 or coursework) ☐ Diploma

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

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 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
Practicum Stream Only	Practicum Topic Approved?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)
Thesis Stream Only	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)
Ph.D. Students Only	Candidacy Exam Completed?	<input type="radio"/> Yes <input type="radio"/> No	_____ (mm/yyyy)

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

Outline the goals met in **this reporting period**. (*Attach a separate sheet if additional space is required for any section.*)

Outline the goals for the **next reporting period**. (*Attach a separate sheet if additional space is required for any section.*)

Student Rating (please select one)

- ☐ **Satisfactory**
Student meets or exceeds minimum expectations.
Allow re-registration.
- ☐ **In Need of Improvement**
Student does not meet minimum expectations.
If first “in need of improvement” assessment, then re-registration will be allowed but improvement is required. Please provide details regarding goals, timeline and next committee meeting date.
If second consecutive “in need of improvement” assessment, then student will normally be withdrawn from their program. Please provide additional details as appropriate.
- ☐ **Unsatisfactory**
Student should be required to withdraw.
Please provide additional details.

Please provide additional details below for your student rating.
(Attach additional details if necessary.)

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) _____