



Department of Biomedical and Molecular Sciences  
Annual Progress Report

Student Name:

Student Number:

Supervisor Name:

Program/Field:

Year of Study:

If other please specify:

Members of Supervisory Committee:

1.

2.

3.

4.

Date of completion (or anticipated date) of comprehensive/qualifying examination(s), if applicable

Date:

Proposed timeline for completion of thesis/dissertation and defence

Date:

Program requirements still to be completed:

Please indicate progress in the last year on completion of the requirements of the program. Comment, where applicable, on PhD research proposal completion, progress in research, data collection, analysis and/or writing of dissertation. Please report on papers submitted or published, conferences, presentations, grant applications, and/or professional development. Please indicate if there is anything that has hindered progress in the last year.

Specific goals for the next academic year:

Fall:

Winter:

Spring:

Summary of items discussed and any actions to be taken:

Students Comments:

Progress Rated (Please check one)

Satisfactory

Conditional

Unsatisfactory

Name:

Signature: \_\_\_\_\_

Name:

Signature: \_\_\_\_\_

Name:

Signature: \_\_\_\_\_

Name:

Signature: \_\_\_\_\_

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Students Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Graduate Coordinator Signature: \_\_\_\_\_

Date:

PhD Exit Seminar Schedule for: