UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Date Received by
Office of
Graduate Programs

# Form GR 203.1 Masters Degrees – Progress Report (Excluding NRES)

This form is to be completed jointly by the student and the supervisor and is to be sent to the Graduate Programs Office when completed. Please consult the student's original Graduate Program Approval and Supervisory Committee Approval Forms prior to completing the Progress Report.

Student Name: _____ Student ID: _____

Admit Date: _____ Status: ☐ Full-time

Expected date of Completion: _____ ☐ Part-time

Supervisor's Name: _____ Program: _____

Co-Supervisor's Name: _____ Route: ☐ Thesis

Date of Progress Report: _____ ☐ Project

Reason for Progress Report: ☐ Annual Report ☐ Practicum

☐ Additional Report* ☐ Comp Exam

*Reason for additional Report: _____

Indicate the frequency of meetings : _____

Is the student in good standing with registration
(*continuous registration in past and current going forward*) ☐ NO ☐ YES

Is the student currently on an approved Leave of Absence?
*If "Yes" please return the form to the Graduate Programs Office with supervisor's signature.* ***Do not fill out anything else on the form.*** ☐ NO ☐ YES

Have there been any changes to the supervisory committee since the last report?
*If "Yes" a completed Supervisory Change Form must be attached to the report if one has not already been submitted.* ☐ NO ☐ YES

Have there been any changes to the original Program of Study?
*If "Yes" a completed Revision to Program of Study Form must be attached to the report if one has not already been submitted.* ☐ NO ☐ YES

Has the supervisor reviewed a current transcript of the student? ☐ NO ☐ YES

Has the research proposal been accepted by the committee? ☐ NO ☐ YES

Actively engaged in thesis or project research? ☐ NO ☐ YES

Writing thesis/project/practicum report/comprehensive exam? ☐ NO ☐ YES

List current scholarships/awards
*(including date(s) received and end date(s)):* _____

_____

**Comment on the student's progress during the past academic year (course work, presentations, awards, achievements, program delay, etc.)**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**Please indicate the student's progress (based on the comments above)**

☐ Satisfactory

☐ Needs Improvement

☐ **2nd** Needs Improvement*

☐ Unsatisfactory*

☐ The Dean of Graduate Programs, after discussion with the Supervisor/Chair, requests the recommendation decision to be changed.

**If **Unsatisfactory** or a second **Needs Improvement** is indicated, a Continuance Review will be required and results in a suspension of registration until the review is completed by the supervisory committee.*

***Note to Student:*** ***Signing this form indicates that you have read and understand this report. If you disagree with the assessment of your progress, you should forward a letter or e-mail setting out the reason(s) for disagreement to the Office of Graduate Programs.***

☐ ***Agree*** ☐ ***Disagree***

| | | | |
|---|---|---|---|
| **Student** | _____ | _____ | _____ |
| | *Print Name* | *Signature* | *Date* |
| **Supervisor** | _____ | _____ | _____ |
| | *Print Name* | *Signature* | *Date* |
| **Co-Supervisor** | _____ | _____ | _____ |
| | *Print Name* | *Signature* | *Date* |
| **Vice President Research and Graduate Programs** (or designate) | _____ | _____ | _____ |
| | *Print Name* | *Signature* | *Date* |

Cc: Registrar's Office, Graduate Program Chair, Supervisor