



Advancement to Candidacy Progress Report Academic Year

PERSONAL DATA

Last Name: _____ First Name: _____
Student #: _____ Email: _____

ACADEMIC INFORMATION

Supervisor: _____ Co-Supervisor: _____
Committee Members: _____ Start Date: _____

DEADLINES

Required Candidacy Date: _____
Maximum Candidacy Date: _____
Expected Candidacy Date: _____

STUDENT'S REPORT

(Please outline progress made towards program requirements and outline your plans to advance to candidacy)

Signature (Student): _____ Date: _____

SUPERVISOR'S COMMENTS

(Please answer questions below and provide details on the student's research progress.)

1. How often do you meet with the student?
 Weekly Monthly Every two months Rarely
2. What is your general assessment of the student's ability to advance to candidacy?
 Excellent Very Good Good Fair Inadequate

Please provide details on the student's research and progress towards candidacy:

Supervisor: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

Committee Member: _____ Signature: _____ Date: _____

GRAD ADVISOR COMMENTS

Satisfactory Report

Unsatisfactory Report

Comments:

Name: _____

Signature: _____

Date _____