

# GRADUATE STUDENT RESEARCH PROGRESS EVALUATION FORM

*To be completed by the supervisor and/or supervisory committee*

Indicate if this is an INTERIM report (following an unsatisfactory report)

Name: \_\_\_\_\_

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

Degree & Year: \_\_\_\_\_

Dates of Applicable Time Period:

Department: \_\_\_\_\_

From: \_\_\_\_\_ To : \_\_\_\_\_

Evaluation of Research Progress							
	Comprehensives	Research Plan	Requisite Knowledge	Research Skills	Motivation	Research Accomplishments	Other
Meets objectives							
Satisfactory, but needs improvement							
Fails to meet objectives							
Not applicable							

Explanation of any ratings above

Overall research progress :                      satisfactory \_\_\_\_\_;                      NOT satisfactory \_\_\_\_\_;

By signing below, all parties acknowledge that the evaluation and progress described above are acceptable. **Please note that failure to make satisfactory overall research progress on any two progress reports may be cited as grounds for requiring that a student to withdraw from the program of study.**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation Committee Members: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Chair or Director of Graduate Studies (or delegate): \_\_\_\_\_ Date: \_\_\_\_\_

Student did not sign form and does not agree with evaluation (explanation attached)