Master Thesis Progress Report

Students must submit this report to the Student Services Office at the end of each academic term once the Thesis Proposal has been approved by the Committee on Standing. This form must be signed by both student and supervisor. Deadlines are as follows:

- **December 15th**
- **April 15th**
- **August 15th**

It is the student’s responsibility to submit the form to Student Services in order to ensure their satisfactory progress in the program.

Name ___________________________________________   Student number ____________________________

Program ____________________________      UTmail+:____________________________@mail.utoronto.ca

Thesis supervisor ____________________________________________________________________

Thesis title __________________________________________________________________________

**Section A** – To be completed by student

*Research ethics protocol:* If you are conducting research which requires ethics approval, please indicate the date when your proposal was approved by the Office of Research Ethics. Date approved:__________

**Note:** If the request is still being processed, indicate the date you submitted your research for approval: _______

Yes  No

- Has a proposed research schedule been submitted?
- Are you keeping up to date with the timelines?
- Based on your progress to date, will you be able to graduate within the normal time to completion (i.e., 2 years for FT students, 5.5 years for PT)?

If you checked No to any of the above questions, please explain under Comments.

Comments:
Section B – To be completed by Thesis Supervisor

Has the student:         Yes  No

- Made satisfactory progress to date?
- Shown the ability to meet the deadlines as agreed?
- Do you find the overall schedule to be appropriate and feasible?

If you checked No to any of the above questions, please explain under Comments.

Comments:

Frequency of meetings held with student during the period covered by this report. Please check all boxes that apply. If you have not held any meetings with the student, please explain.

Format:       Group   Individual
Frequency:    Weekly   Bi-weekly   Monthly   Other

Thesis supervisor ___________________________________________ Date__/__/____

Student ___________________________________________________ Date__/__/____

Graduate Coordinator _________________________________ Date__/__/____

_________________________________________________________

Received by Student Services on ____________________________

Reviewed by Registrar ____________________________