

MA/MSc Progress Report

STUDENT INFORMATION

Given Name:

Family Name:

PROGRAM INFORMATION

Degree:

Start Date:

Supervisor/Co-Supervisor:

Committee Member(s):

Proposal Date:

Defend Date:

PROPOSED COURSE WORK

500 Level Course Work (min 12 credits) Required Course = KIN 570 or approved equivalent				300/400 Level (max 6 credits)
1. KIN 570 or equivalent	3.	5.	7.	1.
2.	4.	6.	8.	2.

COMPLETED COURSE WORK - 18 credits + 12 credits for thesis = 30

1.	3.	5.	7.	1.
2.	4.	6.	8.	2.

TEACHING ASSISTANTSHIPS

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

GRADUATE AWARDS

Award Year	Awards	Amount	FUNDING PROVIDED BY SUPERVISOR		
			Year	Source	Amount

EXTENSIONS OR LEAVE OF ABSENCE (Indicate time period)	ADEQUATE PROGRESS (Supervisor to select below)	SIGNATURES
	YES <input type="checkbox"/> NO <input type="checkbox"/>	Supervisor _____ Student: _____ Date: _____

NOTE: Student and Advisor should each retain a copy of this Program Outline, as well as ensuring the **original is returned to the KIN Graduate Office by January 31.**

OVER →

PROGRAM OUTLINE – Thesis

Topic:

Description (brief):

Goals for current year – describe intended accomplishments