

PhD Progress Report

STUDENT INFORMATION

Given Name:

Family Name:

PROGRAM INFORMATION

Degree:

Start Date:

Supervisor:

Committee Member(s):

Comprehensive Exam Date:

Proposal Date:

Canadidacy Date:

Defence Date (approximate):

DEADLINES

Advancement to Candidacy must be reached within **3 years** of program start date

Program expires **6 years** from program start date

COURSE WORK (OPTIONAL)

1.	3	5.
2.	4	6.

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 NO

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):

Describe goals that have been set for the current year and progress to date