For the period to (date of last progress report to present)

Student Name (Last, First) . Student Number

Supervisor Program Start Date

**Part A | Status of Coursework**

Course requirements approved by MELS Steering Committee?  Yes  No

Please list all courses

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course | |  | Grade | or | Date to be completed |
| 48:662 Graduate Research Methodology in Science | |  |  |  |  |
| 48:663 Science Seminar Series | |  |  |  |  |
| 48:664 Graduate Seminar in Environmental And Life Sciences | |  |  |  |  |
| Elective 1 |  |  |  |  |  |
| Elective 2 |  |  |  |  |  |

**Part B | Thesis**

Has the student met with the advisory committee during the past 6 months?

Yes (no. of times)

No (Please indicate why)

|  |
| --- |
|  |
|  |

Thesis/Research Topic Approved by MELS Steering Committee?  Yes  No

Ethics / Animal Care / Biosafety Approval Obtained?  Yes  No  N/A

The student’s progress on the thesis/research since the last progress report is  Satisfactory  Unsatisfactory

Status of Research Activity:

Please outline the general stage of research progress (status of field/lab work, analysis, writing, etc). If any obstacles have been encountered, please describe what steps have been / are being taken to resolve them .

What are the objectives for the next 6 months? .

Anticipated Thesis Completion Date

*\*please provide a timeline indicating approximate completion dates for each stage of the research and writing.*

|  |  |  |
| --- | --- | --- |
| **Part C** | | |
| **Student Rating** (To be completed by the Supervisor and Advisory Committee) | | |
| **Category** |  | **Description / Action** |
| Exceptional |  | Student meets or exceeds all degree requirements  **(if “Exceptional”, please justify below\*)** |
| Satisfactory |  |
| Marginal |  | Student does not meet minimum requirements; student should be allowed to continue, but specific improvement is required  **(please provide detailed requirements, including deadlines, below\*)** |
| Unsatisfactory |  | Student should be required to withdraw  **(please provide reason(s) below\*)** |
| **\*Details as requested above:** | | |

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**Part D | Signatures** *(to be completed for all students)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** |  | **Name (please print)** |  | **Signature** |  | **Date (MM/DD/YY)** |
| Supervisor |  |  |  |  |  |  |
| Advisory Committee  Member |  |  |  |  |  |  |
| Advisory Committee  Member |  |  |  |  |  |  |
| Advisory Committee  Member |  |  |  |  |  |  |

**Student Declaration: The above portions of this form were completed prior to my signing. I have read and I understand my Progress Report (PR).**

|  |  |  |
| --- | --- | --- |
| I would like to add comments to my PR | Yes | No |

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |
| **Student’s Signature** |  | **Date (MM/DD/YY)** |  | **Student’s current/preferred email address** | |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **MELS Coordinator Signature** |  | **Date (MM/DD/YY)** |  | |  |

Notes | \*If full committee attendance was not possible, please indicate why

| \*Attach a separate sheet if additional space is required for any section