**For the Academic Year**

Due by June 1st, please submit to the office assistant, Hayley Bedford at [bedfordh@brandonu.ca](mailto:bedfordh@brandonu.ca) once Student and Thesis advisor/program coordinator signatures have been obtained.

**A. Student Information:**

|  |  |
| --- | --- |
| Name: |  |
| Student Number: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |
| Program Start Date: |  |

**B. Courses Completed (please check all that apply):**

\*Stream courses are offered every second year\*

|  |  |  |
| --- | --- | --- |
| 75:651 Foundations | 75:655 Seminar Topics | 75:659 Leadership/Admin I |
| 75:652 Philosophy | 75:656 Readings | 75:660 Leadership/Admin II |
| 75:653 Qualitative | 75:657 Clinical I | 75:661 Education I |
| 75:654 Quantitative | 75:658 Clinical II | 75:662 Education II |
| Anticipated Start Date of Readings Course: | | All course work completed |

**C. Thesis (complete only if you are in the thesis stage, please check if completed):**

|  |  |
| --- | --- |
| Thesis Proposal Approved |  |
| if so title: |  |
| Ethics Approval Obtained |  |
| Data Collection Completed |  |
| Anticipated completion date: |  |

**D. Student Progress (to be completed in collaboration with the student and thesis advisor/program coordinator):**

**Outline the goals met in this reporting period:**

**Outline the goals to be met in the next reporting period:**

**Scholarly Activities that student has attended (minimum of two per academic year):**

**The student attended the mandatory annual orientation in Year 1 of the program**

**YES or**  **NO,**

**Date of Year 1 Orientation Session:** Click or tap to enter a date.

**Rationale, if the student did not attend:**

**The student plans to attend or attended the second mandatory annual orientation in:**

Click or tap to enter a date.

**Student has met with advisor and committee members during the reporting period:**

Yes, met with committee and advisor

Yes, met with advisor only

Thesis committee has been informed of student progress

**Additional Comments:**

**E. Student Rating (to be completed in collaboration with the student and thesis advisor/program coordinator):**

|  |  |
| --- | --- |
| **Category** | **Description/Action** |
| Satisfactory | Student meets or exceeds minimum expectations. Allow re-registration. |
| In Need of Improvement | Student does not meet minimum expectations.  If first “in need of improvement” assessment, then re- registration will be allowed but improvement is required. Please provide details regarding goals, timeline and next committee meeting date below\*  If second consecutive “in need of improvement” assessment, then student will normally be withdrawn from the program. Please provide additional details as appropriate below\* |

**Details as requested above:**

**F. Signatures:**

|  |  |
| --- | --- |
| **Thesis Advisor Name:** | |
| **Signature:** | **Date:**Click or tap to enter a date. |

**Student Declaration:**

**The above portions of this form were completed prior to my signing.**

**I have read and I understand my Annual Progress Report.**

|  |  |
| --- | --- |
| **Student Signature:** | **Date:**Click or tap to enter a date. |
| **Program Coordinator Signature:** | **Date:**Click or tap to enter a date. |