Master’s Progress and Activity Report for Thesis Students

**Each master’s thesis student must complete the Progress and Activity Report and submit it to the thesis advisor. A completed Report is required by the end of the 3rd term of registration, by the end of the 5th term of registration, and thereafter, at the end of each term until all program requirements are met. A late submission of this report may result in a delay of your financial support**.

# Part 1: Student Details

To be completed by the student

**First name**:

**Last name**:

**WLU ID**:

**WLU email**:      @mylaurier.ca

**Program** (e.g. MSc Kinesiology & Physical Education):

**Thesis Advisor/Co-Advisors**:

If your Thesis Advisory Committee is not yet confirmed, please explain why.

**Number of terms completed as of May 1 of the current year**: Full-time       Part-time

**Anticipated Completion Date:**

# Part 2: Report on Activities

To be completed by the student

### Have all coursework requirements (including electives) been completed? If coursework is incomplete, list which requirements remain. [ ]  Yes [ ]  No

**List professional development activities (e.g., ASPIRE workshops), within or outside of course requirements**:

**D**escribe your research progress during the reporting period, and whether there are factors that affected your progress during that time (or since your last Report). Examples to report on include but are not limited to: External or Internal scholarship applications, proposal defence preparation, ethics approval, field or lab work, conferences attended, presentations given, etc.

*Attach up to one additional page if necessary.*

**Describe your goals for the next two (2) terms (include any remaining course requirements, research and professional development activities):**

*Attach up to one additional page if necessary.*

[ ]  *I acknowledge that**I am expected to maintain continuous enrolment in the thesis course upon completion of required coursework, until all degree requirements have been met.*

# Part 3: Program Milestones

To be completed by the Advisor in consultation with the student.

Based on the number of terms completed to date, identify the milestones (e.g., formation of thesis advisory committee, proposal approval, ethics approval, data collection, etc.) in the program, and indicate completion or expected date of completion for each. **Please include all milestones required from the commencement through the duration of the program.**

### Milestone 1

Completed [ ]  Completion date (DDMMYYYY):

Not completed [ ]  Expected date of completion (DDMMYYYY):

### Milestone 2

Completed [ ]  Completion date (DDMMYYYY):

Not completed [ ]  Expected date of completion (DDMMYYYY):

### Milestone 3

Completed [ ]  Completion date (DDMMYYYY):

Not completed [ ]  Expected date of completion (DDMMYYYY):

**Add additional milestones as necessary.**

# Part 4: Overall Assessment

To be completed by the Advisor.

### Comment on the student’s progress and accomplishments during the period of review.

### Are the proposed goals reasonable and compatible with timely degree completion?

### If delays and/or barriers to progress have been reported, please comment on course of action.

### How often did you meet with the student during the period of review:

[ ]  Weekly [ ]  Monthly [ ] Other (specify):

### How often did the advisory committee as a whole (if established) meet with the student:

[ ]  Weekly [ ]  Monthly [ ]  Once per term [ ] Other (specify):

### Assess this student’s overall progress since the last report – (S) Satisfactory; (C) With some concerns; (U) Unsatisfactory

[ ]  **Satisfactory**: may be assigned if the student is meeting all the expected progression requirements in a timely and satisfactory manner.

[ ]  **With** **some concerns (first instance)**: may be assigned if the student is having challenges meeting the expected progression requirements of the degree, or if the student’s academic and professional development is partially meeting the overall expectations of the program. Where progress is deemed ***With some concerns***, an Action Plan, including specific activities and/or accomplishments and timeline to completion, is required. The Progress and Activity Report must be completed within a maximum of 3 months.

[ ]  Action Plan attached; 3-month review scheduled for MM/YY

[ ]  **With some concerns (second instance)**: the second instance typically will result in the student being placed on academic probation. An Action Plan, including specific activities and/or accomplishments and timeline to completion, is required. The Progress and Activity Report must be completed within a maximum of 3 months.

[ ]  Action Plan attached; 3-month review scheduled for MM/YY

[ ]  **Unsatisfactory**: Only in exceptional cases or circumstances is this category available without an initial assessment of “**With some concerns** “and may be assigned if

1. the student is not meeting the expected progression requirements of the degree and/or
2. the student’s academic and professional development is not meeting the overall expectations of the program, ***or***
3. The student has not met the requirements of the Action Plan following a second assessment of ***“With some concerns”*** in an earlier review period.

**Thesis Advisor** First name:       Last name:

Signature:       Date:

**Co-Advisor (if applicable)** First name:       Last name:

Signature:       Date:

**Committee Member(s): By signing this form, I acknowledge I have read the report.**

**Committee Member** First name:       Last name:

Signature:       Date:

**Committee Member** First name:       Last name:

Signature:       Date:

# Part 5: Acknowledgements

To be completed by the student and the Graduate Program Coordinator/Director.

**Student Confirmation**

By signing this submission, I confirm I have read the Progress and Activity Report including the responses from my advisor and the advisory committee.

Signature:       Date:

**Graduate Program Coordinator/Director**

By signing this submission, I confirm I have read the Progress and Activity Report, and where required, acknowledge the expectations as outlined in the Action Plan (attached).

Last name:       First name:

Signature:       Date:

*Any individual program representative cannot approve this form at multiple levels; each form must have a one-up approval (e.g., research advisor cannot also approve as Graduate Program Coordinator).*