MASTER OF NURSING
PROGRESS REPORT – COURSE STREAM & COMBINED MN PHCNP PROGRAMS

SECTION I - ALL STUDENTS MUST COMPLETE THIS SECTION

Student Information

Last Name:	Given Name(s):
Ryerson E-mail	**Ryerson Student Number**
Report for the academic year of:	**First term of registration:**	**Graduate Student Status:** ❑ Full-time ❑ Part-time

INSTRUCTIONS

All continuing course stream and combined MN PHCNP students must complete an annual progress report which reviews the student's academic progress for the previous three terms. The report is jointly completed by the student and their Faculty Advisor. It is the responsibility of the student to complete the Progress Report and to download copies of their grade reports for each of the three previous terms from RAMSS before meeting with their Faculty Advisor. During the yearly meeting with their Faculty Advisor the student's progress and grades are discussed. The Progress Report must be signed by both the student and Faculty Advisor before it is submitted to the Program Administrator. It is the student's responsibility to submit a completed report to Program Administrator Gerry Warner (Office POD 448) by the submission date as per the posted School of Graduate Studies Significant Dates document.

ATTACH TO THIS FORM A PRINT-OUT FROM RAMSS OF YOUR GRADES FOR THE PREVIOUS THREE TERMS

1. Indicate your program option:
   ❑ Course Stream   ❑ MN/PHCNP

2. Progress to date (comment on your progress by referring to any term objectives that you had set in the previous term.):

3. Course Enrolment(s): please list all courses taken in the reporting terms

Course Number:	Course Name
MN	
MN	
MN	
MN	
MN	
MN	
MN	
MN	
MN	

4. Please Check Yes or No for each of the following grades received for the report term:

Incomplete (INC)	❏ Yes	❏ No
Failure (F)	❏ Yes	❏ No
Unsatisfactory (UNS)	❏ Yes	❏ No

Note that the INC form is required for any INC grade received during the report term and is to be completed by the student and course instructor and attached to the Progress Report.

5. Course work (provide comments/feedback on course work during the report term:

6. Student's comments (please include anything that you feel should be brought to the attention of the Program Director):

7. Indicate any financial support received for the report term:	
☐ GA Total amt:	☐ RGS Total amt:
☐ TA Total amt:	☐ RGA Total amt:
☐ Other	☐ N/A

8. CNO Disclaimer
By signing below, I am declaring that I am currently licensed by the CNO as a Registered Nurse and I am entitled to practice with NO restrictions. If any changes occur to my CNO RN license I sill report this to the MN Program Director immediately
CNO License Number:

Student's Signature:	
	Date: MM/DD/YYY

SECTION II – TO BE COMPLETED BY FACULTY ADVISOR

Faculty Advisor Comments/Evaluation:

Attached print-out of term grade(s) has been reviewed:	☐ Yes ☐ No

Faculty Advisor's name:	
Signature:	Date: MM/DD/YYYY

NOTE: IF ANY OF THE ABOVE AREAS ARE NOT COMPLETED PROPERLY OR LEGIBLY, THE PROGRESS REPORT WILL BE RETURNED TO THE STUDENT FOR COMPLETION AND WILL BE CONSIDERED OUTSTANDING. ALSO NOTE THAT A NEGATIVE SERVICE INDICATION WILL BE ATTACHED TO A STUDENT'S RECORD IF THEY FAIL TO SUBMIT A PROGRESS REPORT. A NEGATIVE SERVICE INDICATOR WILL PREVENT A STUDENT ACCESSING THEIR FINAL GRADES FOR THE FOLLOW AND WILL ALSO PREVENT THE DISBURSEMENT OF ANY SCHOLARSHIPS AND AWARDS FOR THE UPCOMING TERM

Return the completed and signed report to:

Gerry Warner
Administrator, Master of Nursing program
Office: POD 448-A

FOR OFFICE USE ONLY

Program Director's Comments:

Program Director's Signature:	Date: MM/DD/YYY

❑ Student Copy   ❑ Advisor/Supervisor Copy   ❑ Program Copy