

SECTION I - ALL STUDENTS MUST COMPLETE THIS SECTION

Student Information

Last Name:		Given Name(s):							
Ryerson E-mail		Ryerson Student Number							
Report for the term of:	First term of registration:	Graduate Student Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time							

INSTRUCTIONS

All thesis students are expected to review their progress with their supervisor regularly throughout the semester. At the completion of EACH semester, the student must complete a progress report which reviews the student's academic progress in that semester. The progress report relates to the successful completion of milestones related to each semester, as well as specific goals identified by the student and supervisor related to expected progress in a given term. It is the responsibility of the student to have their Progress Reports reviewed and signed by their Thesis Supervisor each term they are enrolled. The Progress Reports are to be submitted to the Graduate Program Director at least 2 weeks before the end of term, so that in-term grade can be processed. In-term grade will reflect the successful completion of milestones identified each semester. The Graduate Program Director is responsible for submitting in-term grade for all thesis students.

ATTACH TO THIS FORM A PRINT-OUT OF YOUR TERM GRADES FROM RAMSS

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

2. Course Enrolment(s): please list all courses taken in the reporting term	
Course Number:	Course Name
MN	
MN	
MN	
MN	

3. Please Check Yes or No for each of the following grades received for the report term:	
Incomplete (INC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Failure (F)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unsatisfactory (UNS)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	

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

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

6. Indicate any financial support received for the report term:	
<input type="checkbox"/> GA Total amt:	<input type="checkbox"/> RGF Total amt:
<input type="checkbox"/> TA Total amt:	<input type="checkbox"/> RGDA Total amt:
<input type="checkbox"/> Other	<input type="checkbox"/> 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 will report this to the MN Program Director immediately	
Student's Signature:	CNO License Number:

SECTION II

Provide working title of your Thesis

Outline your proposed goals, objectives and milestones related to your thesis work over the next term with:

Outline progress to date (comment on any objectives set out in the previous term related to your thesis work):

Student's signature:	
	Date: MM/DD/YYYY

SECTION III – TO BE COMPLETED BY THESIS SUPERVISOR

Thesis supervisor evaluation related to progress on thesis work:

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Attached print-out of term grade(s) has been reviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Faculty Advisor/Thesis Supervisor's name:	
Signature:	Date: MM/DD/YYYY
<p><u>NOTE:</u> 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</p> <p style="text-align: center;"><u>Return the completed and signed report to:</u></p> <p style="text-align: center;">Gerry Warner Administrator, Master of Nursing program Office: POD 448-A</p>	

FOR OFFICE USE ONLY

Program Director's Comments:

Program Director's Signature:	Date: MM/DD/YYYY
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☐ Student Copy

☐ Thesis Supervisor Copy

☐ Program Copy