
Appendix D – Annual Student Activity Report

Every student enrolled in the graduate program need to complete the Student Activity Report, at least 5 days before the scheduled Graduate Seminar Series event in a given academic calendar. This report needs to be submitted to the supervisory committee.

PART A - BASIC INFORMATION

1. STUDENT INFORMATION

Student's Name: _____ ID #: _____ Degree: _____

Number of terms completed in program (do not include the current term): _____

Research Area or Expected Thesis Title:

2. SUPERVISOR(S) AND SUPERVISORY INFORMATION

Supervisor: _____ Co-Supervisor: _____

Supervisory Committee (For PhD students this is mandatory after their first year, optional for MSc students)

Committee Member: _____

Committee Member: _____

Committee Member: _____

Date of last Supervisory Committee Meeting (Must meet at least once a year) : _____

3. ETHICS TRAINING COURSE (Ethics training is mandatory for all graduate students)

ENG 6000: Date completed _____

PART B – ACADEMIC PROGRESS

1. COURSE WORK - please list course numbers / grades

1. _____/____ 2. _____/____ 3. _____/____
 4. _____/____ 5. _____/____ 6. _____/____
 7. _____/____ 8. _____/____ 9. _____/____

a. Are your program course requirement completed? YES _____ NO _____

2. SUMMARY OF RESEARCH PROGRESS (150 word maximum)

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3. ACADEMIC ACHIEVEMENTS

a. **Publications** - Journal Paper/Conference/Book Chapter/Patents/ Reports of Invention/ Technical Reports (For publications, add entries in the term submitted, then subsequently updated status)

Reference – Format: Authors (year). Title. Venue. Volume, Page Numbers or # Manuscript Pages	Status*	Date of last status change
1)		
2)		
3)		

* Status: Under Review (UR), Accepted (A), In Press (IP), Published (P) or rejected(R)

b. Presentations

Reference – Format: Authors (year). Title. Venue. Date	Presenter
1)	
2)	
3)	

c. Other Academic Achievements (e.g., scholarship, award, etc)

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4. TEACHING

- a. Principal Instructor
 - i. Course Number _____
 - ii. Course Number _____
- b. Guest Lecturer
 - i. Course Number _____
 - ii. Course Number _____
- c. Teaching Assistant
 - i. Course Number _____
 - ii. Course Number _____
- d. Marker
 - i. Course Number _____
 - ii. Course Number _____
- e. Did you attend the Record of Completion Certificate? _____. If so, indicate whether it is for Junior or Senior Certificate.

5. OBJECTIVES FOR THE CURRENT TERM (150 word maximum) - Briefly describe your proposed research (objectives, methodology) for the next academic year

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Signature: _____ Date: _____

PART C - SUPERVISOR'S EVALUATION

Please review the stated progress of the student and then, in the box below, please comment on his/her progress, contribution to publications and proposed research and return to Graduate Program Director.

Student's Name: _____ Student ID#: _____

Please rate this student's performance as (circle one):

Excellent Very Good Good Needs Improvement

SUPERVISOR(S)

_____ DATE: _____

_____ DATE: _____