

Department of Educational Studies

2017 – 2018 Annual Progress Report – EdD

To the student: The purpose of this report is to ensure we have current information on file and to encourage your progress through your graduate program. To reduce paper use and to facilitate data entry, please fill out this form electronically (Part A only), save it and return in an editable format by **May 31, 2018** to the Graduate Program Assistant at grad.edst@ubc.ca Thank you.

Part A. To be completed by the student.

<i>Current Contact Information</i>		
Last Name:	First Name:	
Address:		
City:	Province:	Post Code:
Home Phone:		Work Phone:
Email:		Student #:

<i>Program Information</i>		
Cohort Advisors/ Current Supervisor(s):		
Have you completed your required courses?		Yes / No
Research topic (if known):		
Has your research supervisory committee been formed?	Yes / No	Date (mm/yy)
List your Committee members:		
Have you completed your comp exam?	Yes / No	Date (mm/yy)
Has your research proposal been approved?	Yes / No	Date (mm/yy)
Have you been advanced to candidacy? Note: The Faculty of Graduate Studies policy stipulates that Candidacy should be reached within 24 months and must be by 36 months of starting a doctoral program.	Yes / No	Date (mm/yy)

Please summarize the progress you made between May 1, 2017 and April 30, 2018 toward completing degree requirements and give date of last meeting or date of contact with advisor and/or research committee:

Coursework plans for coming year.

Please list the specific courses or types of courses you intend to take between May 1, 2017 and April 30, 2018. If coursework is completed, please leave blank. If needed, press "Enter" to produce additional lines of text.

Course Prefix & No.	Title or topic

Remarks:

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To the Cohort Co-Advisors or Supervisor: Please review the information provided in Part A, then complete Part B. To reduce paper use and facilitate data entry, please complete this form and return it via email to the Graduate Program Assistant at grad.edst@ubc.ca In addition, please send a copy to the student at the email address indicated in Part A.

Part B. To be completed by the Cohort Co-Advisors or Supervisor.

Student's Last Name:	First Name:
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Cohort Co-Advisors or Supervisor's Last Name:	First Name:
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Date of last meeting or contact with student:

Is this student making satisfactory progress toward degree completion?

Yes:	No:	Concerned:
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If "no" or "concerned" please explain:

Other comments: