DEPARTMENT OF PSYCHOLOGY
QUEEN’S UNIVERSITY

ANNUAL GRADUATE STUDENT REPORT    Academic Year - ________________________

'Criteria for Satisfactory Progress in Graduate Programmes' in Psychology can be found on the department’s 'Forms' webpage at [http://www.queensu.ca/psychology/Graduate/Forms.html](http://www.queensu.ca/psychology/Graduate/Forms.html). Please be aware that M.Sc. students beyond their second year of M.Sc. studies or Ph.D. students who are both beyond their fourth year of Ph.D. studies and have not submitted their dissertation for binding are placed in a status of PERMANENT REVIEW by the Graduate Committee. All registered students must complete the Annual Graduate Student Report.

NAME: ____________________________________________

Current Registration Status and Year                  Program: ___________________________
(e.g., PhD 2)                                            (i.e. BBCS) _________________________

FINANCIAL SUPPORT (for current academic year)          SOURCE          AMOUNT

EXTERNAL SUPPORT (OGS, NSERC, SSHRC, etc.)              ______________________________

INTERNAL SUPPORT (QGF, QGA):                           ______________________________

RESEARCH ASSISTANTSHIP:                                ______________________________

TEACHING ASSISTANTSHIPS:

<table>
<thead>
<tr>
<th>Term</th>
<th>Course</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall PSYC</td>
<td>______</td>
<td>_____</td>
</tr>
<tr>
<td>Winter PSYC</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Spring/Summer PSYC</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

OTHER SUPPORT (WITHIN QUEEN’S):
______________________________________________________________

COURSE WORK STATUS:

COURSES COMPLETED in current academic year (marks if available): Clinical students should include practicum courses

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
<th>COURSE</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Practica Placement            Number of Hours

1) ___________________________________________________________   __________

2) ___________________________________________________________   __________

INCOMPLETE COURSES from this or previous years:

______       _______       _______       _______       _______   __________
The personal information on this form is collected under the authority of the *Royal Charter of 1841*, as amended. The information will be used to process your Annual Graduate Student Report.

**COMPREHENSIVE EXAMINATION STATUS:**

<table>
<thead>
<tr>
<th>AREA</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>Scheduled</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>Not Yet Scheduled</td>
<td>_____</td>
</tr>
</tbody>
</table>

**THESES RESEARCH STATUS**

**Program of Study:**

- M.Sc. __________________
- Ph.D. __________________

**Supervisor’s Name:** ____________________________

**Committee Members:**

1. __________________
2. __________________
3. __________________
4. __________________

Please indicate any changes in thesis committee membership in the past year.

**Thesis Topic:** ____________________________

1. **Proposal:**
   - Accepted by Committee _____ Date: __________________
   - In Progress _____ Estimated proposal date: __________________
   - Not yet prepared __________________

2. **Ethics Approval:**
   - Not yet prepared __________________
   - Submitted __________________
   - Accepted __________________

3. **Data Collection:**
   - Completed _____ Date: __________________
   - In progress _____ Estimated finish date: __________________
   - Not started __________________

4. **Data Analysis:**
   - Completed _____ Date: __________________
   - In progress _____ Estimated finish date: __________________
   - Not started __________________

5. **Write up:**
   - Completed _____ Date: __________________
   - In progress _____ Estimated finish date: __________________
   - Not started __________________

6. **Oral Defense:**
   - Completed _____ Date: __________________
   - Scheduled _____ Estimated defense date: __________________

**COMMENTS:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Revised September 2018
The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process your Annual Graduate Student Report.

PLEASE ATTACH A SEPARATE SHEET WITH THE FOLLOWING HEADERS:

ALL PAPERS (not just this past year) DELIVERED OR PENDING FOR CONFERENCES (Include dates of conference)
ALL PAPERS (not just this past year) PUBLISHED IN JOURNALS (INCLUDE DATE OF PUBLICATION OR ACCEPTANCE)
ALL CHAPTERS PUBLISHED IN BOOKS OR ACCEPTED FOR PUBLICATION
ALL PAPERS SUBMITTED TO JOURNALS BUT NOT YET ACCEPTED

INVolVEMENT IN OTHER RESEARCH PROJECTS
INVOLVEMENT IN PROFESSIONAL ACTIVITIES (e.g., inter-professional education, workshops, training seminars, area brown bags)
SEPT TO AUG (current academic year)

SUPERVISOR’S COMMENTS ON PROGRESS:

a) How often do you and the student meet? 

b) Please indicate the student’s areas of strength.

c) Please indicate the student’s areas for improvement.

d) Please comment on the student’s background preparation, originality, judgment, writing and/or oral skills.

e) Rate the student’s progress (i.e., adherence to Criteria for Satisfactory Progress and to previous reports).

f) Other comments:

STUDENT’S COMMENTS ON PROGRESS:

a) How do you perceive your progress and your rate of career development?

b) Please list any circumstances which you believe may have impeded your progress.

c) How often do you and your supervisor meet?

d) Have you and your supervisor both read and discussed this report?
GOALS:

In consultation with your advisor, please list your goals in your program for the next three terms (e.g., thesis proposal passed, comprehensive examination completion.) Please refer to the Criteria for Satisfactory Progress.

a) Summer

b) Fall

c) Winter

Student's Signature __________________________ Date: __________________________

Supervisor's Signature __________________________ Date: __________________________

Note: for our files it would be useful if you attached your C.V. to this report. However, please do not substitute your C.V. for any section of this report.