

The personal information collected on this form is collected under the legal authority of the *Royal Charter of 1841*, as amended. The personal information collected on this form will be used to confirm your eligibility for this award.

Queen's University
School of Graduate Studies
Annual Progress Report for SSHRC

- Please note that the university will administer and annual progress report, on behalf of SSHRC. This report must be completed in conjunction with your supervisor and submitted to your department head. The annual progress report must be signed by your supervisor and department head, and then delivered to the School of Graduate Studies.
- The council may cancel the award if the progress is not judged satisfactory.
- The university is required to keep a copy of these annual reports, and must make them available to SSHRC's *Review & Investigation team* upon request.

Last name, first name and initial(s) of award holder	SSHRC application number
Department	Queen's University Student Number
Queen's University Email Address	

Part I: To be completed by award holder

Award holders must attach a one-page report of the work accomplished that takes into account the following elements:

1. What progress was made during the previous year toward completing the degree requirements (courses, comprehensive examination, thesis, etc.) or research program? Did this progress meet or surpass the objectives set at the beginning of the year? Explain.
2. What progress was achieved during the previous year with respect to professional development (conference presentations, publications, etc.)?
3. What degree requirements (courses, comprehensive examination, thesis, etc.) will need to be completed? Please specify the deadlines for their completion, as well as specific objectives for the coming year.
4. Other comments, if any.

Part II: To be completed by the supervisor

I have read the progress report prepared by the award holder. My general assessment of the award holder's progress during the past year is:

Very Good Good Inadequate

Elaborate:

I confirm that the award holder is expected to continue to work under my supervision for the full period for which payment is requested and that payment of this installment of the SSHRC award is in order.

Signature of Supervisor

Date

Printed Name

Signature of Department Head

Date

Printed Name