



Annual Progress Report (for doctoral award holders) — Form 3A

Photocopy this form as needed for the duration of your award.							
Award holder family name				Award holder given name			Initials
Full name of university							
Department/Division name					Award number		
Primary telephone number				Secondary telephone number			
Country code	Area code	Number	Extension	Country code	Area code	Number	Extension
Primary E-mail				Fax			
Award Holder's Report							
Award holders must attach a one-page report of the work accomplished. You must take account of the following elements:							
<ol style="list-style-type: none"> 1. What progress was made during the previous year toward completing the program requirements (courses, comprehensive examination, thesis, etc.)? 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 in the program of study? Provide details on any publications and/or papers presented before learned societies or conferences, and teaching experience. 3. What program requirements (courses, comprehensive examination, thesis, etc.) still need to be completed? Specify deadlines for their completion, including the specific objectives for the next year. 4. Other comments, if any. 							
Comments of Thesis Director							
1. How often do you meet with the award holder? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two months <input type="checkbox"/> rarely or never							
2. When do you expect the thesis to be submitted? _____ (dd/mm/yy)							
3. What is your general assessment of the award holder's progress during the past year? <input type="checkbox"/> excellent <input type="checkbox"/> very good <input type="checkbox"/> good <input type="checkbox"/> inadequate (attach any relevant documents) Elaborate:							
Name of thesis director (print)				Signature			
University					Date		
Comments of the Dean of Graduate Studies or designated person							
<input type="checkbox"/> fully satisfactory report <input type="checkbox"/> unsatisfactory report (indicate what measures have been or will be taken to redress the situation)							
Name of Dean of Graduate Studies/designated person (print)				Signature			
University					Date		