



School of Graduate Studies

Statement of Progress and Standing MA/MFA/MMus/MSC/PhD

University of Lethbridge ID Number

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Today's Date

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This form is to be completed after the student has met with the Supervisory Committee and is intended to provide the student with a clear statement of progress and standing. The form is to be completed at regular intervals throughout the student's program.

Review the program specific Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname: _____ Given Name(s): _____
Degree: _____ Major: _____
Concentration (if applicable): _____ Full-time Part-time
Date of Review: _____ Term of start in program: _____ Term of study completed: _____
Expected completion date: _____

Recommendation of standing in the program

Work is satisfactory: continuation recommended
 Certain aspects of work need improvement: continuation recommended
 Certain aspects of work need improvement: probation recommended
 Work is unsatisfactory: withdrawal from program recommended

Request for program extension

Complete only if program extension is requested
Is this a 1st, 2nd, or 3rd request?
 1st 2nd 3rd Other: _____
Original deadline for program completion: _____
Extension requested from: _____ to: _____

Attachments

Attach detailed information for review by the relevant Program Committee that consists of:

A work plan for the upcoming term
 An outline for the basis of the recommendation of standing in the program, including performance and work completed (e.g., courses, grades, probationary work, research work completed)
 If program extension requested, rationale for request, including a time line for program completion

Students and Supervisory Committee Member Signatures

Your signature indicates you agree to the assessment of progress and standing:

(Co) Supervisor Name: _____	Signature: _____	Date: _____
(Co) Supervisor Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Name: _____	Signature: _____	Date: _____
Student: _____	Signature: _____	Date: _____

Return completed form, including attachments and signatures of the student and all Supervisory Committee Members, to the School of Graduate Studies Office.

Office use only (final approval)
