

EVALUATION of progress toward objectives (to be completed by supervisor)					
	Research plan	Research skills	Requisite knowledge*	Research accomplishments	Overall
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> †
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Requisite knowledge is often developed through coursework, which may be commented on in the box below. However, unsatisfactory progress in coursework alone cannot lead to an unsatisfactory progress report because a separate Failure Policy governs coursework. Please see the Failure Policy in Graduate Studies on the University Regulations and Resources website, starting at www.mcgill.ca/study.

†A first overall unsatisfactory report must lead to a follow-up progress tracking meeting, not sooner than 4 months after the first report and not later than 6 months after the first report. DEADLINE FOR FOLLOW-UP REPORT: _____.

Failure to meet overall objectives on two Reports (not necessarily successive) constitutes unsatisfactory progress towards the degree and, if recommended by the academic unit, the student will be withdrawn from the University.

EXPLANATION of the evaluation, and comments on related areas, such as coursework, lab work, etc., as appropriate.

SUPPLEMENTARY DETAILS (Optional)
Use this box to include additional details according to the norms of the student's academic unit (e.g., funding status; other supervisory committee meetings).

External Award Holders must complete this box and email a copy of the entire progress report to GPS Funding, copying their supervisor to the email.

Tri-Council Agency: NSERC ___ SSHRC ___ CIHR ___ Start date of award: May 1 ___ Sept 1 ___ Jan 1 ___

- A) Award holders who are registered full-time must limit the number of hours of employment to 180 hours per term.
 - I did not work any additional hours to my full-time research.
 - I worked ___ hours during my award year. Nature of paid work: _____
- B) Award holders are responsible for reporting any changes in program when they occur because it may affect ongoing eligibility (i.e., leaves of absence, change in supervisor or research, change in registration, etc.).
 - There were no changes to my student status in the past year
- C) There were changes to my student status in the past year: _____

SIGNATURES (PLEASE PRINT NAMES): * Mandatory. Must be present to sign together.	<i>I agree with the statements and evaluation in this Report.</i>	<i>Has a conflict of interest arisen in respect of any of the parties signing?*** (See examples)</i>	DATE
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
* STUDENT'S NAME			STUDENT'S SIGNATURE
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
* SUPERVISOR'S NAME			SUPERVISOR'S SIGNATURE
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
* CO-SUPERVISOR'S NAME (if applicable)			CO-SUPERVISOR'S SIGNATURE (if applicable)
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
* COMMITTEE MEMBER'S NAME			COMMITTEE MEMBER'S SIGNATURE
_____ (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
OTHER MEMBER'S NAME (Role: _____)			OTHER MEMBER'S SIGNATURE
_____ (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
OTHER MEMBER'S NAME (Role: _____)			OTHER MEMBER'S SIGNATURE
_____ (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
OTHER MEMBER'S NAME (Role: _____)			OTHER MEMBER'S SIGNATURE

Anyone listed above who does not agree with the statements and evaluation in this Report must attach an explanation. If any document has been attached to this report, please check here:
In case of disagreement, the student or supervisor should consult the Unit's Graduate Program Director or a GPS Associate Dean.

GPD approval is required on all Progress Tracking Reports; attendance at meeting is not. If the GPD is the supervisor, the Chair must sign here.

GPD (Chair) Name: _____ Signature: _____

[Regulation on Conflict of Interest](#) - **If anyone checks YES, the form must be submitted to the Dean of GPS with an explanation. If there is any doubt, contact the appropriate GPS Associate Dean.

"Conflicts of interest may take various forms and may arise in various contexts. A potential conflict of interest will exist whenever a member of the University community is in a position to influence the conduct of research, academic, human resource, business, financial, governance or other matters in ways that could lead to personal gain for the member or a related party, or give improper advantage to others, to the detriment of the University or other members of the University community."

"The Regulation recognizes that the existence of a potential conflict situation does not necessarily connote misconduct or preclude the involvement of a member in the situation in which the conflict has arisen – provided the conflict is recognized, disclosed, assessed and addressed. However, it must be recognized that not all conflicts of interest, even if disclosed in a timely manner, will be permitted."