

GRADUATE STUDENT RESEARCH OBJECTIVES FORM

- This is an ANNUAL report.
- This is an INTERIM report (following an unsatisfactory progress report).

Name: _____

Supervisor: _____

Degree & Year: _____

Dates of Applicable Time Period:

Department: _____

From: _____ To : _____

Objectives for the applicable time period:

By signing below, all parties acknowledge that the objectives described above are acceptable. **Please note that failure to meet the objectives on any two progress reports may be cited as grounds for requiring that a student withdraw from the program of study.**

Supervisor: _____ Date: _____

Student: _____ Date: _____

Chair or Director of Graduate Studies (or delegate): _____ Date: _____
or advisory/thesis committee member(s)

- Student did not sign form and does not agree with the objectives (explanation attached)