BROCK UNIVERSITY FACULTY OF APPLIED HEALTH SCIENCES

Appendix 2: PhD Student Progress Report

All PhD graduate students must complete and submit this report electronically to the AHS Graduate Administrative Coordinator at ahsgradstudies@brocku.ca.

Student Name:		
Student Number:		
Program:		
Master's Degree:		
Entry Date (month/year):		
Advisory Committee (provide email for non-Brock faculty)		
Supervisor:		
Member:		
Member:		
Member:		
Course Requirements and Grades		
Required Course: AHSC 7P01 – Grade:		
Research Methods:		
Elective 1:		
Elective 2:		
Elective 3:		
Date coursework completed:		
Comprehensive Examination		
Date Written Exam:	Result (circle as appropriate): PASS	FAIL
Date 2 nd Attempt (if needed):	Result (circle as appropriate): PASS	FAIL
Date Oral Exam:	Result (circle as appropriate): PASS	FAIL
Date 2 nd Attempt (if needed):	Result (circle as appropriate): PASS	FAIL
Thesis Proposal		
Thesis Proposal Title:		

Date of Proposal Defence:

Committee Members Present:				
Proposal Approved:		Result (circle as appropriate): PASS FAIL		
Ethics Review(s) (circle as appropria	ite)			
Human Ethics Review Required:	Yes	No		
Animal Protocol Review Required:	Yes	No		
BioHazard(s) Review Required:	Yes	No		
Date Ethics Approval received:				
Protocol Number:				
Thesis Progress				
Date Data Collection begun:				
Date Data Collection complete:				
Date Data Analysis complete:				
Date First Draft of Thesis submitted to Supervisor:				
Committee Approval of Thesis for D	efence	2		
Date Supervisor submits the Appointment of External Examiner Form-Thesis is Ready for Defence:				
Date of Meeting:				
Suggested External Examiner:				
Thesis Defence Date:				
Approved External Examiner:				
Chair of Defence:				
Defence Results:				
FOR OFFICE USE ONLY				
Advisory Committee Approval:				
Proposal Approval:				
Date Thesis Corrections Completed	(email a	approval received from Supervisor & final thesis):		
Program Completion:				

Comments: