

Centre for Neuroscience Annual Progress Report 2016-17

Student Name:	
Student No.:	
Program:	
Year in Program:	

Supervisor Name:	
Advisory Committee members:	1. 2.

Date of Completion of comprehensive Exam or proposed date of comprehensive (PhD only):	
Timeline for completion of thesis:	
Date of last Committee Meeting:	

External Awards Held:	
Internal Awards Held (i.e. QEII, not QGA)	

To be completed by the student:

Please indicate progress in the last year on completion of the requirements of the program. Comment, where applicable, on progress in research, data collection, analysis and/or writing of dissertation.

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Please indicate specific goals for the next academic year:

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Please indicate any delays or obstacles that may affect your progress:

Please attach a summary of papers submitted or published, conferences, presentations, grant applications, and/or professional development.

Signatures:

Student Signature:		Date:
Graduate Coordinator:		Date:
Student Supervisor:		Date:

To be completed by Student Graduate Supervisor.

Please comment on student progress or delays: