



Mathematics  
UNIVERSITY OF TORONTO

Ph.D. Student Progress Report

Student: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Student Number: \_\_\_\_\_

Committee Members:

Supervisor(s): \_\_\_\_\_ Year of Registration in PhD Program: \_\_\_\_\_

Reg. Members: \_\_\_\_\_ Date of last committee meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART A** (to be completed by student)

• **Research Area:** \_\_\_\_\_

• **Course requirement completed:** Yes No

If no, how many course credits missing and expected completion: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• **Comprehensive Exam Requirement completed:** Yes No

If no, which exams are still to be taken and expected completion date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please note comprehensive exams requirement must be completed within 13 months in the PhD program)

• **Past/Current Award(s) i.e. NSERC, OGS etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART B** Committee's assessment of progress and proposed work:

Does the student have a well-defined thesis project? Yes No N/A

COMMENTS: \_\_\_\_\_

	Superior	Good	Adequate	Needs improvement
Knowledge of thesis area				
Initiative				
Independence in research				
Written communication				

Publications:                      Yes                                      No  
please provide additional information here and below:    In preparation                      Submitted                      Accepted

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Suggestions for improvement of weaknesses (**add additional pages if necessary**): \_\_\_\_\_

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Suggestions for future work (**add additional pages if necessary**): \_\_\_\_\_

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Expected date of Ph.D. Completion: \_\_\_\_\_

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**Recommendations:**

Check one:

Adequate progress has been demonstrated by the student

Adequate progress has not been demonstrated by the student

We confirm that this document accurately reflects the discussion and recommendations of this Committee:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**For the Student:**

I confirm that this document accurately reflects the discussion and recommendations at this meeting of my Advisory Committee:

Signature of student : \_\_\_\_\_ Date : \_\_\_\_\_

Student's comments: \_\_\_\_\_

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Signature of Graduate Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_