Annual Progress Report for Ph.D. Students in Sociology

This form must be completed each academic year for all students in the Ph.D. program. Students in year one should complete as much of the form as possible. The student should fill in the first page, and after Part B is completed, the student may respond (and must sign) in Part C. Where the student has not yet designated a supervisor and committee, the principal advisor should complete Part B. In other cases, the supervisor should complete Part B to reflect a consensus among committee members, arrived at in conjunction with a meeting between student and committee. The report should be signed by all parties before returning it to the Graduate Office. Please remember to append a copy of the student’s CV to the end of this document.

Part A (to be completed by student)

Personal Information

Name: ___________________________   Student Number: __________________________________

Major Area: _______________________ Date of First Registration in Ph.D. Program: ______________

E-Mail: ___________________________ Signature: ________________________________________

Hours Worked Please list the number of RA and TA hours worked from September 1 to April 30 plus hours expected to work from May 1 to August 31.

TA Hrs: _____________  RA Hrs: _____________  External Hrs Worked: _____________

Courses Attach ACORN printout. Course work is expected to be complete by end of Year 2.

Check here if all coursework has been completed (continue to Comp Exam section): ☐

Courses Completed:

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<th>Course Name and Number</th>
<th>Year</th>
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Courses Remaining:

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<th>Required Courses</th>
<th>Optional Courses</th>
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If all coursework is not complete by the end of year 2, please indicate the reason here:

________________________________________________________________________________________
________________________________________________________________________________________

Practicum This section is for those students entering year 2 only.

Practicum advisor: ____________________________   Signature: _________________________________

Comprehensive Exams Comprehensive Exams are expected to be complete by end of Year 2.

First Comprehensive Exam:

Completed: Yes ☐   Area: ________________________   Date Completed: _________________

No ☐ Anticipated Date of Completion: ____________________________

Second Comprehensive Exam:

Completed: Yes ☐   Area: ________________________   Date Completed: _________________

No ☐ Anticipated Date of Completion: ____________________________

Thesis Proposal Thesis Proposal should be defended and approved by end of Year 3.

Completed: Yes ☐   Title: ____________________________

Date Completed: _________________

If your title changed after you completed the thesis proposal, please include updated title:

________________________________________________________________________________________

No ☐ Proposed Title: ____________________________

Anticipated Date of Completion: _________________

Ethics Review (for human subjects) Required:

Yes ☐  Date Approved: ____________________________

No ☐
**Supervisory Committee** SGS time limit for constituting supervisory committee is by end of Fall in Year 2. Addition of a committee member outside the University of Toronto must be approved by the Grad Office as well as the Chair of the Department. Approval will not be granted until the thesis proposal defense is completed successfully.

Advisor Name (if applicable): _______________________________

Supervisor Name: ________________________________________

Formally Agreed: Yes ☐ No ☐

Committee Member Name: ________________________________

Formally Agreed: Yes ☐ No ☐

Committee Member Name: ________________________________

Formally Agreed: Yes ☐ No ☐

If a Committee Member is not associated with UofT please provide a full CV and letter from your supervisor indicating the particular expertise of this member and what measures were taken to ensure this position could not be filled by faculty at the University of Toronto (Requires approval by Department’s Graduate Chair and the Provost):

Name: _______________________________________ E-Mail: ________________________________

University: ____________________________________

Has the entire committee met together in the past academic year?

Yes ☐ Date: _________________________________________________

No ☐

**Professional Activity** Include all activity in the past year (May 1 – April 30)

**Conference Presentations**: (provide title, authors, conference name and date)

________________________________________________________________________________________
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Papers Accepted and/or Forthcoming: (list title, authors, date published/forthcoming and journal name/book title)

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Manuscripts Submitted for Review: (list title, authors, date submitted, journal name/book title - only list things under review)

_________________________________________________________________________________________
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Summary

Provide a brief report below on the progress you have made toward completion of your program over the past academic year:

_________________________________________________________________________________________
_________________________________________________________________________________________
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Please append your CV to the end of this report.

Part B (to be completed by Supervisor/Advisor)

Once a thesis committee is formally constituted, it must meet with the student at least once per year. A discussion of progress should be a component of such a meeting, and this form should be filled out in conjunction with it.

Where applicable, student progress should be assessed on the following:

Courses Expected to be complete by end of Year 2.

Overall progress, considering year in Ph.D., is: □ Satisfactory □ Unsatisfactory

Comments/Concerns:

Development of Thesis Ideas and Proposal Thesis proposal should be defended and approved by end of Year 3.

Overall progress, considering year in Ph.D., is: □ Excellent □ Very Good □ Satisfactory □ Unsatisfactory
Comments/Concerns:

**Thesis Research**

Percentage of research complete? _____________

Quality of Thesis Research:  □ Excellent  □ Very Good  □ Satisfactory  □ Unsatisfactory

Comments/Concerns:

**Thesis Writing**

Percentage of writing complete? _____________

How many draft chapters (out of total) complete? _________

Quality of draft material:  □ Excellent  □ Very Good  □ Satisfactory  □ Unsatisfactory

How close to end product (as %): ___________ Expected date of completion? _________________

Comments/concerns:

**Signatures**

Supervisor  _________________________________  Date _________________

Committee member  _________________________________

Committee member  _________________________________

**Part C (to be completed by Student)**

Response to Part B (Optional):

Signature:  Student  _________________________________  Date _________________

This report is to be filed with the Graduate Office, with a copy made available to the student and each member of the committee upon request.

**Part D (to be completed by Associate Chair - Graduate)**

The Graduate Program Office will consider the report received from the committee and will inform students/committee if there are concerns about progress.

Signature:  _________________________________  Date _________________