New Program Progress Report

**Program (BA, MA, PhD)**

Month Year

**Background** (e.g., new program approval process, date of first enrolment, etc.)

The University of Waterloo submitted a proposal for the PROGRAM NAME to the Ontario Universities Council on Quality Assurance (Quality Council) on DATE for their appraisal. The program received approval to commence from the Quality Council on DATE. The first cohort of students enrolled in the program in TERM, YEAR.

**Enrolment**

Please complete the relevant enrolment table.

For undergraduate programs:

|  |  |  |
| --- | --- | --- |
| Year | Anticipated New Enrolment (from Proposal Volume I) | Actual New Enrolment |
| 20XX-20XX (1st year) |  |  |
| 20XX-20XX (2nd year) |  |  |

Based on fiscal year (spring, fall, winter).

For graduate programs:

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Anticipated New Enrolment (from Proposal Volume I) | Number of Applicants | Number of Students Enrolled |
| 20XX-20XX (1st year) |  |  |  |
| 20XX-20XX (2nd year) |  |  |  |

Based on fiscal year (spring, fall, winter).

If there is a large discrepancy between anticipated new enrolment and actual enrolment, comment on factors to rationalize this discrepancy.

**Progress on Implementation**

Describe progress in implementing the program and if there have been any changes to the program structure since it began.

Comment on:

* Progress achieved and discernible impacts, if any
* Any circumstances that have altered the original implementation plan
* Any significant developments or initiatives that have arisen since the program began.
* Anything else the program considers to be appropriate to contextualize progress to date.

Briefly describe status of each recommendation given by the external reviewers. If certain recommendations or planned actions are no longer considered appropriate, indicate why.

**Recommendations**

1. xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Status: **completed, in progress, incomplete (select one)**

Details: Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

1. xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Status: **completed, in progress, incomplete (select one)**

Details: Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

1. xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Status: **completed, in progress, incomplete (select one)**

Details: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Date of first program review:

Date

Signatures of Approval:

Chair/Director Date

AFIW Administrative Dean/Head (For AFIW programs only) Date

Faculty Dean Date

**Note:** AFIW programs fall under the Faculty of ARTS; however, the Dean does not have fiscal control nor authority over staffing and administration of the program.

Associate Vice-President, Academic Date

(For undergraduate and augmented programs)

Associate Vice-President, Graduate Studies and Postdoctoral Affairs Date

(For graduate and augmented programs)