

## FACULTY OF APPLIED HEALTH SCIENCES

### Progress Report and Detailed Plan for Completion of Degree Program To accompany Petition for Extension of Program Time Limit

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Department and Program: \_\_\_\_\_ Program Term #: \_\_\_\_\_

This form is to be used by all AHS students who are petitioning for any extensions to their program time limits. This completed form must *accompany* the Graduate Studies Office form entitled "Petition for Extension of Program Time Limit", and for AHS students serves as the report attachment requested in that form. The proposed plan for completion of the degree requirements, including a timeline and tangible indices of progress must be endorsed by the Thesis Advisory Committee.

**NOTE: it is the STUDENT'S responsibility to obtain ALL signatures required. Once the form is complete and signed, please deliver to your graduate coordinator.**

Indicate your progress to date toward completion of your degree requirements and provide a *detailed* plan for the completion of your degree program, including an explicit timeline. (continue on back of page if necessary).

### APPROVAL OF THE THESIS ADVISORY COMMITTEE

Signatures below indicate that the plan for completion of the degree program outlined on this form is sufficiently detailed and feasible to serve as a benchmark for completion of the degree requirements. *If circumstances prevent obtaining signatures directly on this form, FAX copies or electronic mail copies can be attached.*

Supervisor: \_\_\_\_\_  
name signature date

Committee Member: \_\_\_\_\_  
name signature date

Committee Member: \_\_\_\_\_  
name signature date

Committee Member: \_\_\_\_\_  
Name signature date

*Distribution: Associate Dean, Supervisor, Student File, Student, Members of Thesis Advisory Committee*

*Effective date: July 1, 2006*