STUDENT: __________________________________________________________

Report for the year: ___________________________________________________

Degree sought: ___________ MA Track (if applicable): _______________________

Admitted to program: (date) ____________________________________________

SUPERVISING PROFESSOR (Thesis/Dissertation Director) ____________________

Comments of Supervising Professor:

By signing this cover sheet, the Supervising Professor confirms that s/he has reviewed the activities report and has discussed any academic shortcomings with and make pertinent recommendations to the student.

Signature of the Supervising Professor: ___________________________________

By signing this cover sheet, the student confirms that s/he has reviewed the comments of the Supervising Professor.

Signature of the Student: ____________________________________________

Received by Director of Graduate Studies: (date) ____________________________

Revised Nov. 2015