

**Master of Social Work
School of Graduate Studies
PROGRESS REPORT**

Student Information

Full name:	Student number:	First term of study:
Report for the term of:	Expected term of completion	

Instructions:

All active and returning students must complete a progress report for each registered term. The report is completed by the student AFTER term grades have been released. The progress report is submitted to the Graduate Program Office for review by the Program Director. The submission deadline date is typically ONE week after the official release of term grades. Web access to term grades is via the student's RAMSS account. (see [School of Graduate Studies Significant Dates](#).)

**** If a Progress Report has not been received from the student by the deadline date, an overall performance of 'Unsatisfactory/UNS' will be noted and recorded towards degree completion. ****

Return a completed report using one of the following options: in person (to the 2nd floor, EPH 247 at 87 Gerrard Street East), by campus mail (to EPH 247 School of Social work), by fax (416.979.5214), or by Canada Post (to the School of Graduate Studies, 350 Victoria Street, Toronto, ON, Canada, M5B 2K3).

1. Attach to this form a print-out of your term grades from RAMSS	
2. Course work. Are there any changes to your <i>Program of Study</i> ? If applicable, indicate any incomplete/INC courses in the term.	
INC Course:	Incomplete Grade Update form - attach if applicable (The INC form is required for any INC grade received during the report term and is completed by the student and course instructor.) <input type="checkbox"/>
3. Practicum. (Provide a completion date.)	
4. Major Research Paper/Project (MRP). (Review your time to completion. Has work begun on your MRP draft and will it be completed as scheduled? If no, please explain and indicate new completion date.)	
5. Provide a working title of your MRP.	
6. Student's comments (Please include anything that you feel should be brought to the attention of the Program Director.)	

TO BE COMPLETED by the Program Director

Program of Study has been reviewed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Previously Submitted	<input type="checkbox"/> Revised & Attached
Course Work	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inadequate Opportunity to Observe	
Practicum	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inadequate Opportunity to Observe	
Major Research Paper/Project	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inadequate Opportunity to Observe	
Student's Overall Performance towards degree completion	<input type="checkbox"/> INP In Progress	<input type="checkbox"/> UNS Unsatisfactory		

Additional Comments:

Student:	Signature:	Date:
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For Office Use

Program Director:	Signature:	Date:
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The personal information you have provided is collected under the authority of *the Ryerson University Act*. The information will be used as required for the administration of your degree program within the University and for related statistical purposes. Questions about this collection should be directed to the Dean, School of Graduate Studies, 350 Victoria Street, Toronto, ON M5B 2K3.

Distribution:

 Student Copy Program Copy