Department of Curriculum, Teaching and Learning (CTL), OISE, University of Toronto

**CTL Ph.D. / M.A. Annual Review Form**

*(SGS general regulations on supervision state that the graduate unit is responsible for "ensuring that the student's supervisory committee meets once a year and that a written report is filed in the official student file at the department."*

*SGS Graduate Supervision: Guidelines for Students, Faculty and Administrators)*

**Annual Review Process**

Students complete Sections I to IV of this form, then confer with their thesis supervisor/faculty advisor for completion of Section V.

**After all sections of the form have been completed, the student and their Supervisor (or Faculty Advisor) should sign and date the form, then submit the form, by e-mail, to** **ctl.studentforms@utoronto.ca**

Copies should be retained by the student and by the supervisor. The original is to be included in the official student record.

**Section I - Student Information**

Date of your Annual Review Meeting: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(as it appears on your ACORN/ROSI account)

Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U of T-issued e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial registration date in program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree:□Ph.D. (Flexible-time) □Ph.D. □M.A.

Enrollment status: **□**Full-time **□**Part-time **□**Registered **□**Eligible to register

**□**Withdrew **□**On leave

**Section II - Course Work**

*(Please complete this section, even if you have completed it in previous years)*

Number of required courses in degree program (*as per your offer of admission letter*): \_\_\_\_\_\_\_\_\_

Number of courses completed, to date: \_\_\_\_\_\_\_\_\_

Number of courses in which you are currently enrolled: \_\_\_\_\_\_\_\_\_

Course Notes (i.e. courses incomplete from previous terms, courses extended, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incomplete courses or courses in progress (from this or previous years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section III - Thesis Research Status**

Have you set up your Thesis Committee?: **□**Yes **□**No

If yes, list your Thesis Supervisor and Committee Members below:

|  |  |
| --- | --- |
| **Thesis Supervisor Name:** | 2nd Committee Member Name: |
| 1st Committee Member Name:  | 3rd Committee Member Name: |

**Please note:**

A doctoral supervisory committee should consist of the supervisor, and at least **2** graduate faculty members.

An M.A. supervisory committee consists of a total of **2** graduate faculty members.

Have you submitted a **Thesis Supervision Approval Form**? **□**Yes **□**No

*(NOTE: this form is available for download from the OISE Office of the Registrar and Student Services web site)*

Thesis Title or Working Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the status of your thesis research (with a checkmark in the appropriate fields):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Accepted/Completed | In Progress | Not Yet Started | Not Applicable |
| Proposal |  |  |  |  |
| Ethical Review |  |  |  |  |
| Data Collection |  |  |  |  |
| Data Analysis |  |  |  |  |
| Write Up |  |  |  |  |

**Doctoral Students Only:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Completed | Scheduled (include the date) | To Be Scheduled |
| Comprehensive Examination |  |  |  |
| Oral Thesis Defense |  |  |  |

**Section IV – Future Plans**

Please outline your plans for thesis development, completion, and/or coursework. *An additional sheet may be appended, if necessary* (*Optional* - include details of any special circumstances related to your progress this past year):

|  |
| --- |
|  |
|  |
|  |
|  |
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**Section V Thesis Monitoring Form**

*Both signatures are required after all sections (on all 3 pages) have been completed.*

*Copies are to be retained by student and supervisor. One copy is to be included in the official student record.*

Summary of meeting (an additional sheet may be appended):

Advice given to Student (an additional sheet may be appended):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Supervisor/Faculty Advisor must answer both of the following 2 questions, and Supervisor and Student must add their signatures and the date, before submitting the form:

1. **The student’s progress is: □ Satisfactory □ Marginal □ Unsatisfactory**
2. **The student is recommended for additional support: □ Yes □ No**

(meeting with the CTL Chair, or Associate Chair, for example)

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Supervisor’s/Faculty Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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