PhD Anthropology Student Annual Report  
Due annually: May 1

To the student: please complete and submit to the Grad Office (after which it will be circulated for supervisor/grad coordinator signatures)

Name: ___________________________  Student number: ___________________________

Term and year of entry into the PhD program (e.g., Fall 2016): _________________

Current year in the program (e.g., Year 2): ________________

Supervisor’s name: ___________________________

Have you formed your thesis committee? (Form should be filed with Grad Office): ______
  • If yes, names of committee members: ___________________________
  (indicate affiliations if outside the department) ___________________________
  ___________________________

Have you completed all coursework (excluding the Thesis Writing Seminar)? ______
  • If no, number of credits remaining (e.g., 0.5): ______

Have you completed your portfolio/research proposal? ______
  • If yes, date or anticipated date of portfolio/proposal defense (month/year): ______
  • If no, date of anticipated completion (month/year): ________________

Have you received your ethics approval for research? ______
  • If no, anticipated date of completion/approval (month/year): ________________

Are you currently conducting or finished conducting thesis research? ______
  • If yes, date or anticipated date of completion of research (month/year): ________________
  • If no, anticipated date of beginning of research (month/year): ________________

Are you currently writing your thesis? ______
  • If yes, anticipated date of defense (month/year): ________________

Have you begun taking the Thesis Writing Seminar (2 terms participation is mandatory)? ______
  • If yes, number of terms completed: ________________

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To the student: Please attach a one paragraph description of your current progress. If you are behind or anticipate being behind the normal timeline (5 years from beginning of program to completion), please provide details.

Student signature: _________________________________
Date: _________________________________

Supervisor’s comments: (Please provide comments if the student is behind schedule, or append typed comments)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Supervisor signature: _________________________________
Date: _________________________________

Graduate coordinator signature: _________________________________
Date: _________________________________