



Annual Progress Report

| Family name, given name and initial(s) of award holder | NSERC application number | Committee number |
|--|--------------------------|---|
| Institution of tenure | Department | Type of award |
| Award holder's report - to be completed by the award | holder | |
| Award holders must attach a one-page report on the work accomplished, taking into account the following elements: | | |
| 1. What progress was made during the previous year toward completing the research program or degree requirements (courses, comprehensive examination, thesis, etc.)? Did this progress meet or surpass the objectives set at the beginning of the year? Explain. | | |
| 2. What progress was achieved during the previous year with respect to professional development (conference presentations, publications, etc.)? | | |
| What research objectives or degree requirements (courses, comprehensive examination, thesis, etc.) still need to be completed? Please specify the deadlines for their completion, as well as specific objectives, for the coming year. | | |
| 4. Other comments, if any. | | |
| Request for payment – to be completed by the award holder | | |
| The Annual Progress Report is to be submitted along with the Request for Instalment Form. | | |
| I expect to work under the terms of my award throughout the period for which payment is requested. I shall immediately inform NSERC if I discontinue my full-time studies/research, temporarily or permanently, during this period. | | |
| Signature of award holder | | Date (day/month/year) |
| Award holder's report - to be completed by the super | visor | |
| I have read the progress report prepared by the award holder. My general assessment of the award holder's progress during the past year is: | | |
| Excellent Very good Good Inadequate | | |
| Elaborate: | | |
| Liaborate. | | |
| | | |
| | | |
| I confirm that the award holder is expected to continue to payment of this instalment of the NSERC award is in order | | or which payment is requested and that |
| I confirm that the award holder is expected to continue to | | or which payment is requested and that Date (day/month/year) |
| I confirm that the award holder is expected to continue to payment of this instalment of the NSERC award is in orde | | |
| I confirm that the award holder is expected to continue to payment of this instalment of the NSERC award is in orde | | |
| I confirm that the award holder is expected to continue to payment of this instalment of the NSERC award is in orde Printed (name of supervisor) Signature of supervisor | er | |
| I confirm that the award holder is expected to continue to payment of this instalment of the NSERC award is in orde | er | |

