



NSERC

350 Albert Street
Ottawa, Ontario
K1A 1H5
Canada
Fax: 613-996-2589
Email: schol@nserc-crsng.gc.ca

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.)?
3. 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 supervisor

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:

I confirm that the award holder is expected to continue to work under my supervision for the full period for which payment is requested and that payment of this instalment of the NSERC award is in order.

_____ Printed (name of Supervisor) _____ Date (day/month/year)

_____ Signature of Supervisor

Approved _____ Signature of NSERC Program Officer _____ Date (day/month/year)

Please note that NSERC will contact you **only** if there is a problem with your report.