



**NSERC**

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**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.