

| Candidate | End-of-Semester Report Form |
| --- | --- |
| Candidate Name: |  |
| Primary supervisor Name: |  |
| Associate supervisor Name: |  |
| Semester/Year: |  |

| Please answer the following questions | Responses do not need to be lengthy |
| --- | --- |
| What goals did you and your supervisors set at the beginning of the semester? |  |
| How frequently did you and your supervisors meet during the semester? |  |
| What is the current stage of the project? (e.g., proposal, literature review, research, writing) |  |
| What progress did you make toward accomplishing the goals for the semester? |  |
| How would you describe the quality of the supervisor-candidate relationship? |  |
| Do you have any concerns regarding the supervision you are receiving? |  |