



**DOCTORAL COMPLETION AWARD (DCA)**

Applicant Last Name:	Applicant First Name:	Applicant Student No.:
<b>TO BE COMPLETED BY THE SUPERVISOR</b>		
This applicant is in good standing and making satisfactory progress <input type="checkbox"/> Yes <input type="checkbox"/> No (Please submit a copy of the last committee meeting report, dated within one year of the award deadline)		Last committee meeting date: _____ (MM/YY)
<p>PLEASE ANSWER THE FOLLOWING. PLEASE ATTACH A SECOND PAGE IF NECESSARY.</p> <ol style="list-style-type: none"> <li>What progress has the applicant made since the last Supervisory Committee Meeting? Please comment on the quality, originality, and contribution of the thesis to theory and/or policy and/or practice.</li> <li>How will the receipt of this award enable the applicant to complete their studies in a timely fashion?</li> <li>Please comment on any reasons provided by the applicant for delays in completion, and additional information as appropriate.</li> <li>Please indicate all confirmed financial support that will be provided to the applicant.</li> <li>To your knowledge is this student devoting at least 50% of his/her time to working on the thesis? y/n</li> </ol>		
<b>Applicant's Expected Date of Completion (MM/YYYY):</b>		
Supervisor:	Signature:	Date: