



ÉTUDES SUPÉRIEURES
GRADUATE STUDIES

PLAN OF STUDY

Name		Student No.	
Program of study		Level of study	
		<i>Master's</i>	<i>PhD</i>
Thesis Title			
Name of Supervisor		Name of Co-Supervisor	

The plan that you submit below must describe the current state of your thesis (number of chapters completed and approved by supervisor, number of chapters remaining and stage they are at, etc.), outline the proposed action plan and dates for completion of remaining work. Please provide as much detail as possible. If you need more space, attach a separate sheet of paper.

Action plan	Planned completion date

Action plan	Planned completion date

IF REQUESTING AN EXTENSION TO THE TIME LIMIT (please explain, in the box below, any special circumstances that had an impact on your progress and completion of your program)

Student's Signature	Date
Supervisor's approval	Date
Co-Supervisor's approval (Optional)	Date