

Rehabilitation Sciences Institute

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ANNUAL REPORT

Report Period: _____

Name of Student:		Signature:	
Date:	Degree:	Date commenced:	
Name of Supervisor(s):		Signature(s):	
Committee Member:		Signature:	
Committee Member:		Signature:	
Courses Taken:	Title	Course Number	Grade (if available)
Financial/Funding Information:	Name (please indicate)	Amount	
	Ontario Graduate Scholarship	\$	
	U of T Open Fellowship	\$	
	Teaching Assistantship(s)	\$	
	Other(s)	\$	
		\$	

Research and Committee Activities:

<i>Thesis Title/Topic:</i>	
Date of Last Meeting:	Date of Thesis Defense:
Committee Comments (below or attached)	

<i>Please attach the following items to this report:</i>	List of Scientific Meetings Attended List of Publications Research/Thesis Progress Report (1-2 pages) Award Notification Letters
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