



SCHOOL OF GRADUATE STUDIES

MILESTONE RESULTS

| | | |
|--------------------|--------------------|-----------------------|
| FAMILY NAME | GIVEN NAMES | STUDENT NUMBER |
| | | |

DEPARTMENT/PROGRAM/PLAN

| MILESTONE COMPLETED | | |
|----------------------------|--|-----------------------|
| MILESTONE NAME | MILESTONE GRADE (IF APPLICABLE) | DATE COMPLETED |
| | | |
| | | |
| | | |
| | | |

PLEASE REFER TO THE APPROVED LIST OF MILESTONES FOR A PARTICULAR PLAN.

COMMENTS

DEPARTMENTAL APPROVAL

DATE
SIGNATURE OF DEPARTMENT CHAIR OR DESIGNATE

FOR SGS USE ONLY