

PhD Supervisory Committee Meeting Form

Candidate's Name:

Student Number:

Date First Registered In Program / Year in Program:

Requirements for PhD: Check box if completed, comment on status if not completed Coursework \Box Language \Box Qualifying Examination \Box Performance Practice \Box Comments:

Thesis Supervisor:

Brief Thesis Title:

Committee Members (designate whether present or absent for meeting):

Prospectus Chair:

Date of Meeting:

Nature of Meeting: Prospectus Defense \Box Supervisory Meeting \Box

Normally the Committee confers privately about the materials submitted prior to the meeting, and asks the Candidate to leave the room at the end of the meeting to discuss progress.

Committee assessment of the Candidate's progress, based on written submissions since the last report, and this meeting. Note briefly below, or attach a statement to this form (it can be handwritten). If the committee disagrees on the assessment, attach statements from all members. All assessments should be discussed with the student at the end of the meeting:

What progress has been made since the last committee meeting? Please be specific.

What progress should be made before the next committee meeting? Please be specific.

Please provide a timeline of the next steps until completion.

Committee's Recommendations for any Professional Skills Development:

Recommendation:

The candidate has demonstrated adequate progress and may proceed with program

The candidate has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next committee meeting may result in termination of registration.

□The candidate has not demonstrated adequate progress, as stipulated in the last meeting. The candidate and supervisor will book an appointment immediately with the Graduate Coordinator of the Centre.

The committee should meet in the next three months / six months / nine months / one year.

Tentative date: week of

Signature of Supervisor:

Signatures of Committee Members:

FOR THE CANDIDATE: Sign this document if the attached statement accurately reflects the discussion and recommendations at this meeting of your Supervisory Committee. Otherwise, make an appointment with the Associate Director (Graduate) of the Centre.

Signature of Candidate:

Date:

Comments by the Candidate: