



Centre for Drama, Theatre & Performance Studies

UNIVERSITY OF TORONTO

PhD Supervisory Committee Meeting Form

Candidate's Name:

Student Number:

Date First Registered in Program:

Thesis Supervisor:

Thesis Title:

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

Date of Meeting:

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 the committee meeting.

Following the meeting, the below report is completed by the student and supervisor, then submitted to the graduate administrator, copying the graduate associate director.

Part A (to be completed by the student)

Please provide a brief summary of the meeting.

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

What specific advice has been offered by the committee members?

What are the next steps? What tasks should be completed before the next committee meeting?

Please provide a timeline of the next steps until completion.

The committee should next meet (tentative date / week of):

Part B (to be completed by the supervisor)

Committee's recommendations for the student's next steps and 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.

Signature of Supervisor:

Signatures of Committee Members:

FOR THE CANDIDATE: Please 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:

Additional Comments by the Candidate: