

Date of Meeting:

Graduate Student Advisory Committee Report Department of Biochemistry

(Return form to Megan Luckovitch, mluckovi@uwo.ca, Graduate Administrator, Dept. of Biochemistry)



Evaluation due within one week of meeting

Name of S	Student:				
Date of Initial Registration in Program:			E	xpected Date of Completion:	
Title of Re	search To	pic:			
		ary/proposal by the student given to ectronic copy of summary/proposal to			
No, why n	ot.				
PROGRE	SS TOWA	RDS DEGREE – please elaborate			
Familiarity with Subject of Research: SATISFACTORY			NOT SATISFACTORY		
5	4	3	2	1	
Comments	s for rating	(both Satisfactory and Unsatisfactory	ry). This s	ection is mandatory.	
Progress i	n Researd	h:			
SATISI	FACTORY		NOT SATISFACTORY		
5	4	3	2	1	
Comment	s for rating	(both Satisfactory and Unsatisfactor	ry). This s	ection is mandatory.	

NOTE: If a box is checked NOT SATISFACTORY, the committee must provide constructive comments to help resolve the issue. NOT SATISFACTORY can result from (but not limited to) poor attendance, lack of effort from the student, or failure to review relevant literature. If a box is checked NOT SATISFACTORY, a follow-up committee meeting should be organized within 3 months to address any concerns. If there are two consecutive NOT SATISFACTORY reports in any category, the student's participation in the graduate program will be reviewed in consultation with the student's supervisor, advisory committee, and grad chair.

Course Work:	
Does student intend to go onto a Ph.D.?	
Is the student maintaining a reasonable timetable for co	empletion of (present) degree?
General Evaluation/Comments (should include foresees	able problem areas)
If applicable, has permission to start writing thesis:	
Supervisor and student have discussed research expedif the student accepts a TA position.	etations
Signatures (entering a name will constitute a signature)	(to be done upon completion of form):
Upon entering my name on this form, I acknowledge re-	ading the completed form.
Student	Advisory Committee Members
Supervisor	
Co/Joint Supervisor	
Date of Signing:	
NOTE: This form will be completed by the student's advisor	y committee as a group, or, individual forms will be completed by each

ch committee member upon request (of the latter) by at least **one** committee member. Revised: 08/2021