

**Advisory Committee Meeting**

**Student Name:** \_\_\_\_\_

**Degree Status:**  MSc  PhD

**Date of Meeting:** \_\_\_\_\_

**Initial Term of Enrollment:**  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Summer 20\_\_\_\_

**Current Term of Enrollment (e.g. 2<sup>nd</sup> term, 3<sup>rd</sup> term etc.):** \_\_\_\_\_ term

**Year X (if applicable):**  Yes

**Synopsis of Meeting: Fill in below**

**Satisfactory Progress**

**Yes**

**No**

**Synopsis of Meeting cont'd**

[Empty box for meeting synopsis]

**Action Plan:**

[Empty box for action plan]

**Anticipated Date for Next Meeting (month/year):** \_\_\_\_\_

**We agree with the progress report, proposed recommendations, and action**

**plan for student name:** \_\_\_\_\_

**to continue in the MSc  or PhD  program.**

_____ Supervisor (please print legibly)	_____ Supervisor (signature)	
_____ Co or Joint Supervisor (please print legibly)	_____ Co or Joint Supervisor (signature)	
_____ Advisor No. 1 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 2 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 3 (please print legibly)	_____ Home Dept.	_____ Signature

**Please Note:** the completed form with signatures must be submitted to the Medical Biophysics Graduate Office, Room 407, Medical Sciences Bldg., Western Campus, within 24 hours of the meeting.