Record of Meeting of Advisory Committee for M.Sc. and Ph.D. Students
Department of Physiology and Pharmacology

SECTION 1: To Be Completed by the Student Prior to Meeting

Student Name: __________________________ ID#: __________________
Date Started Program: __________________________ MSc ______ PhD ______
Date of Meeting: __________________________ Time/Location: __________
Date of Next Meeting: __________________________
Project/Thesis Title: ________________________________________________

Graduate Chair: Dr. Tom Drysdale
Supervisor: __________________________ Co-Supervisor __________________________
Committee Members: __________________________
GSR: __________________________________

SUMMARY OF PROGRESS TOWARDS GOALS RECOMMENDED AT THE LAST ADVISORY COMMITTEE MEETING (TO BE COMPLETED BY STUDENT):

SUMMARY OF PROGRESS TOWARDS DEGREE:
“Basic Knowledge in Physiology and Pharmacology” modules:
Due date for completion: __________ Modules completed to-date __________
Courses completed since last meeting: ______________________________________
Publications since last meeting: _____________________________________________
Scientific meetings attended: _____________________________________________
External Awards Currently Held: _____________________________________________
(OGS, OGSST, CIHR, NSERC etc; include end date of award)
**SECTION 2: Advisory Committee GSR’s Report**

Research Plan/Progress Report submitted? NO YES

Courses recommended for next term: __________________________________________
________________________________________

Teaching (TA positions): _____________________________________________________

Changes to advisory committee composition? NO YES

Reasons for changes: _______________________________________________________
________________________________________

Progress in Research (since last meeting):

a) Satisfactory __________
b) Unsatisfactory __________

Notes (if unsatisfactory):

Progress in Research (since start of graduate program):

a) Satisfactory __________
b) Unsatisfactory __________

Notes (if unsatisfactory):  

Experimental work completed: NO YES

Change of status (M.Sc. to Ph.D.): NO YES

Date switched: ____________ *(GSR to complete “MSc to PhD transfer recommendation” form and forward to Susan McMillan)*
SECTION 3: Advisory Committee Recommendations and GSR summary

Comments and recommendations regarding Research Plan and Progress Report (to be completed by GSR - continue on back of this page as necessary)

A) Goals accomplished as per last meeting:

B) Goals to be accomplished and time line for completion:

1. Goal 1:

2. Goal 2:

3. Goal 3:

4. Goal 4:

5. Goal 5:
Notes (including reasons for change in research experiments since last meeting, if applicable).
SECTION 4: Student Comments

(to be completed by the student after the meeting – return completed report to Susan McMillan, Graduate Administrator)

Student Signature: ____________________________ Date: ____________________

Committee Signatures:
Supervisor: ____________________________
Co-Supervisor: ____________________________
Committee Members: ____________________________
GSR: ____________________________
   Signature ____________________________ Date ____________________
PhD Comprehensive Examination

To be completed following the Grant Writing Course (Phys/Pharm 9620)

Suggested Date: ______________________

Recommended Topic Areas | Suggested Examiners
----------------------------------------|------------------
______________________________________ | __________________
______________________________________ | __________________
______________________________________ | __________________
______________________________________ | __________________
______________________________________ | __________________
______________________________________ | __________________

MSc/PhD Thesis Examining Board Information

Projected Thesis Submission Date: ________________

Thesis Title: _____________________________________________________________________
___________________________________________________________________

Recommended Examiners: (GSR to complete “Request for Thesis Examination Committee” form and forward to Graduate Studies Committee for approval)

Departmental (2): ___________________________ ____________________________
Alt: ___________________________ Alt: ___________________________

University: ___________________________ Alt: ___________________________

External: ___________________________ Alt: ___________________________

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