

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. 2nd term, 3rd term etc.): _____ term

Year X (if applicable): Yes

Does not meet program and/or Thesis advisory committee expectations

Meets program and Thesis advisory committee expectations

Exceeds program expectations

Synopsis of Meeting:

Recommendations:

Synopsis of Meeting cont'd

Action Plan:

Current and Planned Leadership opportunities:

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.

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|------------------------------|---|--|
| <hr/> Supervisor | <hr/> Supervisor (signature) | |
| <hr/> Co or Joint Supervisor | <hr/> Co or Joint Supervisor (signature) | |
| <hr/> Advisor Present No. 1 | <hr/> Home Dept. | |
| <hr/> Advisor Present No. 2 | <hr/> Home Dept. | |
| <hr/> Advisor Present No. 3 | <hr/> Home Dept. | |

Please Note: the completed form with signatures must be submitted to the Medical Biophysics Academic Programs Coordinator & Graduate Chair askmbp@uwo.ca medbiogradchair@uwo.ca