

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.): _____ termYear X (if applicable): ☐ YesDoes 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.

_____ Supervisor	_____ Supervisor (signature)	
_____ Co or Joint Supervisor	_____ Co or Joint Supervisor (signature)	
_____ Advisor Present No. 1	_____ Home Dept.	
_____ Advisor Present No. 2	_____ Home Dept.	
_____ Advisor Present No. 3	_____ 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