

PhD Proposal Meeting Report

(to be completed by 1st year PhD students with a previous MSc degree)

Student Name: _____**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**Description of: (1) PhD Proposal****(2) Student's Performance in Defense of Proposal**

Recommendations:**Action Plan for PhD Research:**

Anticipated Date for Next Meeting (month/year): _____

We agree with the PhD proposal, recommendations, and action plan for student name: _____
and recommend him/her to continue in the PhD program.

_____ Supervisor (please print legibly)	_____ Supervisor (signature)	
_____ Co or Joint Supervisor (please print legibly)	_____ Co or Joint Supervisor (signature)	
_____ Graduate Executive Member (please print legibly)	_____ Supervisor (signature)	
_____ Student (please print legibly)	_____ Student (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.