

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

[Empty box for Synopsis of Meeting cont'd]

Action Plan:

[Empty box for Action Plan]

Current and Planned Leadership opportunities:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write their 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 (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 Academic Programs Coordinator & Graduate Chair askmbp@uwo.ca medbiogradchair@uwo.ca