

**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. 2<sup>nd</sup> term, 3<sup>rd</sup> 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 Graduate Office, Room 407, Medical Sciences Bldg., Western Campus, within 24 hours of the meeting.