

**DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY
POST CANDIDACY ADVISORY FORM**

PART A: To be filled out by the Student

Student Name: _____ Candidacy Exam Date: _____

Advisory Committee Members:

Candidacy Exam Committee Members (indicate any that overlap with the Advisory Committee):

PART B: To be filled out by Advisory Committee

This form should be filled out by someone with direct knowledge of the Candidate's performance in the exam in consultation with the rest of the committee.

The Committee elects to accept the successful Candidacy Exam *in leu* of an
Advisory Committee Meeting for this student.

Note any new recommendations stemming from the exam:

Date of Next Meeting:

Note: If the Committee does not choose to accept the Candidacy Exam in leu of an Advisory Committee Meeting (as indicated above), the next meeting should occur within one month of the exam.

If the Committee does choose to accept the Candidacy Exam in leu of an Advisory Committee Meeting (as indicated above), the committee can choose a date up to 12 months from the date of the exam. Keep in mind that a shorter interval may be preferred by the candidate or committee.

The Candidate is responsible for arranging an Advisory Committee Meeting before the date listed above. Students must have at minimum one meeting per year as a condition of the program, and therefore any interval longer than 12 months is not acceptable. Missing this deadline may result in consequences, including a mandatory return to meetings at 6 month intervals.

Signatures:

(to be added once the form is complete)

Advisory Committee Members:

Supervisor(s):

Candidate: