

Neuroscience Graduate Program - Advisory Committee Meeting Report

MSc

Student Name: _____

Supervisor(s): _____

Program Representative: _____

Advisory Committee Members: _____

Collaborative Specialization (if applicable): _____

Dates of past & present meetings (mm/dd/yyyy):

1st _____ 2nd _____ 3rd _____ *4th _____
(within first term) (after 6-9 months) (12-15 months) (~18 months)

Complete Pages 4&5

STUDENT: Please complete the top half of this page, the completed/in progress course work, as well as page 2 in advance of your meeting. Send it to your committee with your written report along with your previous meeting report (if applicable).

IMPORTANT: Student or program representative submits the completed form to the Neuroscience office following the meeting and the student receives and retains a copy.

Course work: ☐ complete (except seminar milestone) Cumulative Avg % ☐

In Progress: _____

Remaining (Recommendations?): _____

Progress: ☐ Meeting Expectations ☐ Needs improvement (enter comments on pg 3&4)

Signatures (Supervisor/Advisor signatures waived for virtual meetings. Note anyone not in attendance - NIA):

Student

Supervisor

Program Representative

Advisor

Advisor

Advisor

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STUDENT SELF-REFLECTION

(Completed prior to meeting. Used as cover page for pre-meeting report, along with GANTT chart: refer to [website](#))

The preliminary title of my thesis is:

The most significant accomplishments since my last meeting have been:

Have there been roadblocks that prevented you from meeting your goals? If so, how did you overcome them?

Do roadblocks still exist? If so, how can the committee help you?

Is there additional information that you feel the committee should be made aware of?

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Project:

Is there a clear hypothesis / are there clear objectives?

☐ Yes

☐ No

Does the student have a good grasp of the project?

☐ Yes

☐ No

Additional Comments on project:

Progress:

Has the student made sufficient progress since the last meeting?

☐ Yes

☐ No

☐ N/A

Has the student's progress been impacted by **COVID-19**?

☐ Yes

☐ No

☐ N/A

If **yes**, please explain:

Additional Comments on Progress:

What are the suggested / anticipated milestones before the next meeting? Please specify:

Date of next meeting. If possible, please set the date/time for the next meeting or provide expected timeframe.

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DO NOT COMPLETE THIS PAGE FOR 1st MEETING

Communication & Academic Development:

Was the written report well organized and submitted in a timely fashion to the committee members? ☐ Yes ☐ No

Did the student bring all forms and the last report to this meeting? ☐ Yes ☐ No

Did the report and presentation communicate the background, recent data, interpretation, and proposed work? ☐ Yes ☐ No

Is additional course work and / or self-study needed for the academic development of the student? ☐ Yes ☐ No

Is the students conference abstract / presentation / publication record adequate for his / her level? ☐ Yes ☐ No

Comments and suggestions:

Background Knowledge:

Does the student have good knowledge of their field and the current literature? ☐ Yes ☐ No

Does the student have a good understanding of the relevance of the project in this field? ☐ Yes ☐ No

Does the student have sufficient understanding of the techniques being used and to be used? ☐ Yes ☐ No

Comments and suggestions:

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COMPLETE THESE TWO PAGES ONLY IF FINAL MEETING

Direct transfer from Master to PhD prior to completion of Master's recommended? ☐ Yes ☐ No

(If yes, student must have presented a plan for PhD research and either a draft manuscript or a written report on their completed Master's work)

Thesis Reader (document reviewed before submission to SGPS):

If committee agrees to waive the requirement to have a thesis reader, give reasons why:

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All examiners must be free of substantial conflict of interest from the student and/or supervisor (refer to SGPS [Regulation 8.5.2.1](#)).

Program examiners (2 required): One examiner can be in the student's advisory committee. Both examiners must be current members of the Neuroscience Program and be at arm's length from the supervisor. Please also provide at least one alternate program examiner.

Name	Home Department	Expertise
Alternate Examiner		
Alternate Examiner		

Please use reverse side for additional space (if required)

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University Examiner (1 required): Must be from outside of the supervisor's home department and be at arm's length from the supervisor. Please also provide at least one alternate University examiner.

Name	Home Department	Expertise
Alternate Examiner		
Alternate Examiner		

Please use reverse side for additional space (if required)

*If from outside Western, the Neuroscience Director must nominate for non-core limited membership in SGPS.

Thesis Title:

Anticipated timeline for preliminary thesis submission (if known):

Please note: Preliminary thesis must be submitted to SGPS a minimum of 4 weeks prior to the oral defense.

Anticipated timeline for MSc thesis defense (if known):

In preparation for the student's thesis defense, the Neuroscience program office will:

- seek approval of examiners
- contact examiners to determine their ability to participate (once approved)
- co-ordinate thesis exam scheduling
- seek an exam chair
- submit signed thesis exam form to SGPS
- schedule a meeting room or Zoom conference call
- communicate any required information to exam participants

STUDENTS, PLEASE CONSULT:

http://www.schulich.uwo.ca/neuroscience/graduate/policies_and_guidelines/preparation_of_thesis.html