

Neuroscience Graduate Program - Advisory Committee Meeting Report

Name: _____

Supervisor: _____

Student number: _____

Student: Please print this form, prefill all information on first page as far as possible, and bring it to the meeting, along with a copy of the report from last meeting (except 1st).

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

Dates of past & present meetings:

Masters:

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

*permission to write/examiners, or switch to PhD (see page 4)

PhD:

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

5th: _____ 6th: _____ 7th: _____ 8th: _____

(1st within 3 months, then every 6-9 months, or whenever requested by student or supervisor)
PhD students are required to take a comprehensive exam within 18 months of registration – see pages 5-6. Permission to write/examiners – see pages 7-8

Advisory Committee Members:

Program Representative at present meeting: _____

Course work: complete (except seminar course) in progress Cumulative %

Completed: _____ In Progress: _____

Remaining (Recommendations?): _____

Progress: satisfactory unsatisfactory n/a (1st meeting)

Signatures:

Student

Supervisor

Program Representative

Advisor

Advisor

Advisor

Project:

What is the preliminary title of the thesis?

Is there a clear hypothesis/are there clear objectives?

Yes no

Does the student have a good grasp of the project?

Yes no

Comments:

Progress:

Has the student made sufficient progress since the last meeting? Yes no (1st)

Comments:

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

Date of next meeting? _____

DO NOT PRINT/FILL 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:

PLEASE PRINT THESE TWO PAGES ONLY IF \geq 15 MONTHS FOR MASTERS

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

(If yes, student should present a plan for PhD research before their last term of the transfer year and either a draft manuscript or a written report on their completed Master's work)

OR:

Permission to write? Yes No

Thesis Reader: _____

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

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.

Name	Department	Expertise

Please use reverse side for additional space

University Examiner (1 required): Must be from outside of the supervisor's home department. Please also provide two spares. Examiner must be at arm's length from the supervisor.

Name	Department	Expertise

Please use reverse side for additional space

Thesis Title:

Upon approval, please send the Program Coordinator (neuroscience@uwo.ca) the proposed date and time. A chair will be assigned by the program committee

STUDENTS, PLEASE CONSULT:

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

PLEASE PRINT THESE TWO PAGES ONLY IF WITHIN 9-15 MONTHS FOR PHD (usually 2nd or 3rd meeting)

COMPREHENSIVE EXAM

When is the suggested date for a comprehensive exam?.....

What type of comprehensive exam is wanted by the student? Classic Grant Writing

CLASSIC

Examiners (3 required): Members of the Advisory Committee, excluding the supervisor, and faculty that are not members of the neuroscience program may serve on the examination committee. Examiner must be at arm's length from the supervisor.

Name	Department	Topic

Please use reverse side for additional space

Current thesis topic:

A chair will be assigned by the program committee.

GRANT WRITING

Mentors: One or more mentors may be selected by the student in consultation with the supervisor and may include the supervisor but not the examiners.

1. _____

2. _____

Current thesis topic:

Proposed topic for comprehensive exam:

Examiners (3 required): Members of the Advisory Committee, excluding the supervisor, and faculty that are not members of the neuroscience program may serve on the examination committee. Examiner must be at arm's length from the supervisor.

Name	Department	Expertise

Please use reverse side for additional space

A chair will be assigned by the program committee.

STUDENTS, PLEASE CONSULT:

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

PLEASE PRINT THESE TWO PAGES ONLY IF LAST PHD MEETING

Permission to write?

Yes No

Thesis Title:

Thesis Reader: _____

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

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.

Name	Department	Expertise

Please use reverse side for additional space

University Examiner (1 required): Must be from outside of the supervisor's home department. Please also provide two spares. Examiner must be at arm's length from the supervisor. *If from outside Western, the Neuroscience Director must nominate for non-core limited membership in SGPS.

Name	Department	Expertise

Please use reverse side for additional space

External Examiner (1 required): Normally a faculty member from another University. Must not be associated or affiliated with Western and be at arm's length from the supervisor.

Name	Organization	Expertise

Please use reverse side for additional space

How will the external examiner participate (in attendance-preferred, teleconference, web conference)? Travel costs in excess of \$500 to be covered by the supervisor.

Upon approval, please provide the Program Coordinator (neuroscience@uwo.ca) the email address, phone number and full address of the external examiner, as well as the proposed date and time.

A chair will be assigned by SGPS

STUDENTS, PLEASE CONSULT:

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