Neuroscience Graduate Program - Advisory Committee Meeting Report

Name: ___________________________  Supervisor: ___________________________

Student number: ___________________

Student: Please print this form, prefilled 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? _________________________________________________
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 student's conference abstract/presentation/publication record adequate for his/her level?  
☐ Yes  ☐ No

Comments and suggestions:

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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 > 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.

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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.

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

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

COMPREHENSIVE EXAM

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

What type of comprehensive exam is wanted by the student?  \(\square\) Classic  \(\square\) 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.

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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.

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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
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.

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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.

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**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.

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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:**