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?): ____________________________

Presentation Grade (1st Yr MSc Only @ 2nd meeting): ___________

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:

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:
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 the committee agrees to waive this requirement, reasons must be provided:

______________________________________________________________________________

______________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use reverse side for additional space
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:
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Permission to write?  □ Yes  □ No

Thesis Title:
______________________________________________________________________________
______________________________________________________________________________

Thesis Reader: ________________________________________________

If the committee agrees to waive this requirement, reasons must be provided:
______________________________________________________________________________
______________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Expertise</th>
</tr>
</thead>
</table>

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