**ADVISORY COMMITTEE EVALUATION REPORT**

**PATHOLOGY AND LABORATORY MEDICINE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** | Click or tap here to enter text. | **Meeting Date:** | Click or tap here to enter text. |
| **Supervisor:** | Click or tap here to enter text. | **Co-Supervisor:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program start date:**(month, year) | Click or tap here to enter text. | **Advisory Committee Meeting #:** (for example: 1, 2, 3 etc) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **TENTATIVE THESIS TITLE:**  | Click or tap here to enter text. |

**COMMENTS ON STUDENT’S PERFORMANCE AND RESEARCH PROGRESS**

(\*Required\*)

|  |
| --- |
| Click or tap here to enter text. |

**ASSESSMENT:**

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Meets expectations** | **Needs Improvement**(If checked, completion of SUGGESTION(S) required) |
| Background Knowledge |[ ] [ ]
| Experimental/Research Skills |[ ] [ ]
| Motivation and Effort |[ ] [ ]
| Critical Thinking |[ ] [ ]
| Creativity |[ ] [ ]
| Progress |[ ] [ ]

**SUGGESTION(S) TO IMPROVE AREAS/PARAMETERS IDENTIFIED AS NEEDING IMPROVEMENT:**(\*required\* if *Needs Improvement* checked)

**Background Knowledge:**

|  |
| --- |
| Click or tap here to enter text. |

**Experimental/Research Skills:**

|  |
| --- |
| Click or tap here to enter text. |

**Motivation and Effort:**

|  |
| --- |
| Click or tap here to enter text. |

**Critical Thinking:**

|  |
| --- |
| Click or tap here to enter text. |

**Creativity:**

|  |
| --- |
| Click or tap here to enter text. |

**Progress:**

|  |
| --- |
| Click or tap here to enter text. |

**COURSES:**

|  |  |  |
| --- | --- | --- |
| 1. Are all required courses complete? | [ ]  Yes | [ ]  No |
| 2. Is course selection appropriate and performance satisfactory? | [ ]  Yes | [ ]  No |

**RESEARCH PROJECT:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Does the student have adequate support and resources? | [ ]  Yes | [ ]  No |  |
| 2. Have all issues raised in previous meeting(s) been addressed? | [ ]  Yes | [ ]  No | [ ]  N/A |

**SPECIFIC RECOMMENDATIONS OF THE COMMITTEE:**
(may include suggested courses, research priorities, research problems to solve, writing manuscripts/thesis, etc.).

|  |
| --- |
| Click or tap here to enter text. |

**RESPONSE TO CONCERNS RAISED BY THE GRADUATE EDUCATION COMMITTEE:**

|  |
| --- |
| Click or tap here to enter text. |

**NEXT MEETING:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| Thesis to be submitted this term: | [ ]  Yes | [ ]  No |

***If yes, please fill in the last page of this form.***

**ACKNOWLEDGEMENT/ SIGNATURES:**

(Please **type full name** to acknowledge review and agreement with the evaluation)

|  |  |
| --- | --- |
| **Supervisor:** | Click or tap here to enter text. |
| **Co-supervisor:** | Click or tap here to enter text. |
|  |  |
| **Committee Member 1:** | Click or tap here to enter text. |
| **Committee Member 2:** | Click or tap here to enter text. |
| **Committee Member 3:** | Click or tap here to enter text. |
| **Committee Member 4:** | Click or tap here to enter text. |

**Please return completed forms to the Graduate Program Coordinator, Department of Pathology and Laboratory Medicine,** **mailto:pathgrad@uwo.ca****.**

**A completed copy should also be sent to the student and all advisory committee members.**

**Request for Thesis Examination Committee**

At the advisory committee meeting held on insert date, the following Examining Committee was proposed. The list includes alternative examiners (extra to the number required) to aid in exam scheduling.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Name (and department or location)** | **Area of Expertise** |
| **Program/Departmental**(2 required for MSc; 1-2 required for PhD) | #1 |  |  |
| #2 |  |  |
| #3 |  |  |
| #4 |  |  |
| **University**(1 required for MSc; 1-2 optional for PhD) | #1 |  |  |
| #2 |  |  |
| #3 |  |  |
| **Specialized or Indigenous Knowledge Examiner** (PhD optional) | #1 |  |  |
| #2 |  |  |
| **Extra-University/External** (PhD thesis, 1 required) | #1 |  |  |
| #2 |  |  |

See [Regulation 8.4.2.1](https://grad.uwo.ca/resources/regulations/8.html) for PhD Thesis Examination Board, and [Regulation 8.5.2.1](https://grad.uwo.ca/resources/regulations/8.html) for MSc thesis Examination Board. Please acknowledge review of examination committee requirements below by inserting an “x” beside the appropriate section.

[ ]  Every PhD exam must include 4 examiners in total. At least one program and one external academic examiner (outside Western) must be included. Program examiners must not exceed 2. The remaining examiners may be University and/or Specialized/Indigenous Knowledge examiners.

[ ]  Every MSc exam must include 2 program examiners and 1 University examiner.

**ADDITIONAL COMMENTS ON THESIS EXAMINATION COMMITTEE:**