

Record of Meeting of Advisory Committee for M.Sc. and Ph.D. Students
Department of Physiology and Pharmacology

SECTION 1: To Be Completed by the Student Prior to Meeting

Student Name: _____ ID#: _____
Date Started Program: _____ MSc _____ PhD _____
Date of Meeting: _____ Time/Location: _____
Date of Next Meeting: _____
Project/Thesis Title: _____

Graduate Chair: Dr. Nica Borradaile
Supervisor : _____ Co-Supervisor _____
Committee Members: _____

GSR: _____

**SUMMARY OF PROGRESS TOWARDS GOALS RECOMMENDED AT THE
LAST ADVISORY COMMITTEE MEETING (TO BE COMPLETED BY STUDENT):**

SUMMARY OF PROGRESS TOWARDS DEGREE:

“Basic Knowledge in Physiology and Pharmacology” modules:

Due date for completion: _____ Modules completed to-date _____

Courses completed since last meeting: _____

Publications since last meeting: _____

Scientific meetings attended: _____

External Awards Currently Held: _____

(OGS, OGSST, CIHR, NSERC etc; include end date of award)

SECTION 2: Advisory Committee GSR's Report

Research Plan/Progress Report submitted? NO YES

Courses recommended for next term: _____

Teaching (TA positions): _____

Changes to advisory committee composition? NO YES

Reasons for changes: _____

Progress in Research (since last meeting):

- a) Satisfactory _____
- b) Unsatisfactory _____

Notes (if unsatisfactory):

Progress in Research (since start of graduate program):

- a) Satisfactory _____
- b) Unsatisfactory _____

Notes (if unsatisfactory):

Experimental work completed: NO YES

Change of status (M.Sc. to Ph.D.): NO YES

Date switched: _____ **(GSR to complete "MSc to PhD transfer recommendation" form and forward to Susan McMillan)**

SECTION 3: Advisory Committee Recommendations and GSR summary

*Comments and recommendations regarding Research Plan and Progress Report
(to be completed by GSR - continue on back of this page as necessary)*

A) Goals accomplished as per last meeting:

B) Goals to be accomplished and time line for completion:

1. Goal 1:

2. Goal 2:

3. Goal 3:

4. Goal 4:

5. Goal 5:

Notes (including reasons for change in research experiments since last meeting, if applicable).

SECTION 4: Student Comments

(to be completed by the student after the meeting – return completed report to Susan McMillan,
Graduate Administrator)

Student Signature: _____ Date: _____

Committee Signatures:

Supervisor: _____

Co-Supervisor: _____

Committee Members: _____

GSR: _____

Signature

Date

PhD Comprehensive Examination

To be completed following the Grant Writing Course (Phys/Pharm 9620)

Suggested Date: _____

Recommended Topic Areas

Suggested Examiners

MSc/PhD Thesis Examining Board Information

Projected Thesis Submission Date: _____

Thesis Title: _____

Recommended Examiners: (GSR to complete “Request for Thesis Examination Committee” form and forward to Graduate Studies Committee for approval)

Departmental (2): _____

Alt: _____ Alt: _____

University: _____ Alt: _____

External: _____ Alt: _____
