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: _______________________________ __________________________
Committee Members: _______________________________ __________________________
GSR: _______________________________ __________________________

Signature Date
**PhD Comprehensive Examination**

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

Suggested Date: ______________________

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**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)

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