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. John DiGuglielmo
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 Olga Krougly)
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 Olga Krougly, 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

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Suggested Examiners

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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)

Departmental (2): ____________________________  ____________________________

Alt: ____________________________  Alt: ____________________________

University:  ____________________________  Alt: ____________________________

External:  ____________________________  Alt: ____________________________