

**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 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

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: \_\_\_\_\_

University:    \_\_\_\_\_

External:    \_\_\_\_\_