GRADUATE PROGRAM IN PHYSIOLOGY AND PHARMACOLOGY SCHULICH SCHOOL OF MEDICINE AND DENTISTRY

RECOMMENDATION FOR PhD SEMINAR (To be completed by GSR)

Name	e of Student:	
Date	÷	
Date	of Entry into the Graduate Program:	
Date	of Transfer from MSc to PhD status (if applicable)	
Super	rvisor(s):	
Title	of Research Project:	
comp abov to ful clear	plete his/her graduate program within a year of this da re student be considered to present his/her research in the lfill the student's PhD Seminar requirement. This reco	, and based on the student's he Advisory Committee estimates the candidate will be able to ate. Consequently, the Advisory Committee recommends that the he Department's Seminar Series for the upcoming academic year, mmendation is based on the candidate's good academic standing, and appropriate progress in course and experimental work to-date.
	Name of Advisory Committee Member	<u>Signature</u>
1)	GSR	
2)	SUPERVISOR	
3)		
4)		
5)		
6)		