



Advisory Committee Report Form

Date of Report

MESc PhD

Student
Number

Surname

Given Name

Supervisor(s)

Program Start Date:

Research Topic

Meeting Number:

- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th

PhD Comp Prep Meeting
(please complete last page)

Other:

Summary of Progress since last meeting

Plan of action between now and the next meeting

Recommendations:

Comments

Did this meeting follow an unsatisfactory result: Yes No

Satisfactory

Conditional

Unsatisfactory

Date of Next Meeting:

Expected Thesis Exam Date

All persons signing must be present at meeting.

Advisor's Signature Date

Advisor's Signature Date

Advisor's Signature Date

Supervisor Signature Date

Student Signature Date

PROGRAM APPROVALS

Signature Date



This section should be completed if the student has been registered for a period of two or more terms. The outline should be in the form of Chapter headings for the thesis and the % completed section should be updated at each review.

Chapter Title	% Research Completed	% Writing Completed	Chapter reviewed by supervisor? (yes or no)

For PhD Comprehensive Preparation Meeting:

Examiners: Please specify areas of questioning for which each committee member will be responsible at the PhD comprehensive exam.

Examiner	Area(s) of Questioning