



STUDENT SUPERVISORY COMMITTEE MEETING

Student: _____ x _____

Committee Members: _____ x _____

_____ x _____

_____ x _____

(print name)

(signature)

SUPERVISOR: _____ RECORDING MEMBER: _____

1. Materials sent to committee members 3 working days ahead of the meeting:

- 2-page research update
 - Previous Committee Meeting Form
- NB: update must be written by the student, not the supervisor*

2. Title of research project: _____

3. Program: MSc PhD

4. Meeting # _____ **Year of Study** _____ **Time since last meeting** _____

Once 2 years post-reclass/qual exam, students must have a committee meeting every 6 months until graduation, and use the Time-To-Completion "TTC" form for those meetings

5. Date for next meeting (NB: exams require a separate booking): _____

Pre-arranged date is **required for submission of this form to the Immunology Graduate Office**

6. List abstracts, published papers, other career developments and any other major accomplishments (e.g. conference presentations, awards):

7. Experimental Recommendations to help project (use back of sheet if necessary):

8. Specific Expectations (if any) for next meeting (use back of sheet if necessary):

9. TTC (Time To Completion) Form attached: Yes N/A

(Students must attach a TTC form for committee meetings that occur after completing 4 years in the program. Students post-reclass/qualifying can elect to do this sooner if they wish).

10. i) Evaluation of Student's Progress Towards Completion of Thesis/Degree:

NB: It is expected that students in their first 1.5 years will score in the 1-4 range and so-on, although exceptional (or poor) performance in any particular category may result in a score that is above or below the expected range.

| Expectation Level For; | Pre-MSc; Pre-Transfer | | | | MSc/Transfer exam completion | | | | PhD completion | | Specific Comments/Concerns |
|-------------------------------|-----------------------|---|---|---|------------------------------|---|---|---|----------------|----|----------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Progress: | | | | | | | | | | | |
| Technical Skills | | | | | | | | | | | |
| Understanding of Literature | | | | | | | | | | | |
| Oral Communication | | | | | | | | | | | |
| Written Communication | | | | | | | | | | | |
| Independence & Work ethic | | | | | | | | | | | |
| Critical Analysis | | | | | | | | | | | |

ii) Progress since last meeting (check one):

| | | | | | | |
|------------------|--------------|--|---------------------------------------|--|----------------|--|
| Overall Progress | Satisfactory | | Satisfactory but project has problems | | Unsatisfactory | |
|------------------|--------------|--|---------------------------------------|--|----------------|--|

One "Unsatisfactory" will invoke a meeting with the Graduate Coordinator and two consecutive "Unsatisfactory" justifies dismissal from the program. Note that an "Unsatisfactory" implies poor performance in the majority of the categories listed above.

iii) If any concerns were raised, please outline recommended actions:

iv) Have the concerns/suggestions from previous meeting(s) been addressed? (circle one) Yes / No / NA (if No, describe)

11. The student has permission to write: (circle one)

Transfer Proposal / M.Sc. Thesis / Ph.D. Thesis / Not Applicable

Student's Signature: _____ **Date:** _____

Signature of the student indicates that the student has read this report. If the student feels that this report does not accurately reflect his/her situation, he/she may submit a written rebuttal that will be distributed to all committee members. *Students must return the completed form (with date for next meeting if applicable) to the Immunology Graduate Office (MSB 7205), keeping a copy for future meetings. The graduate coordinator will then sign off on the form.*

Graduate Coordinator's Signature: _____ **Date:** _____