



Student: _____

Date: _____

*****Please print this form on 2 separate pages*****

1. Tasks completed 5 working days ahead of the meeting:

- 2-page update sent to committee
- Previous Committee Meeting form sent to committee
- Pg 2 of Committee Meeting Form pre-completed (no need to send in advance)
- IDP completed (<https://myidp.sciencecareers.org/>) (no need to send in advance)

2. Meeting # _____ Year of Study _____ Time since last meeting _____

3. Time To Completion Form attached: Yes (required year 4 and onwards) N/A
(Beginning Year 4 of the program, committee meetings must take place every 6 months)

****Please ask the student to step out of the room while Questions 4-6 are answered****

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

NB: It is expected that students in their first 2 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;	Year 1-2				Post-Qualification				PhD Ready		Specific Comments/Concerns
	1	2	3	4	5	6	7	8	9	10	
Progress:											
Knowledge of Field											
Oral Communication											
Written Communication											
Critical Analysis											

ii) Progress since last meeting (check one):

- Satisfactory Satisfactory, but project has problems Unsatisfactory

An "Unsatisfactory" implies poor performance in the majority of the categories listed above. One "Unsatisfactory" triggers a meeting with the Graduate Coordinator; Two unsatisfactory committee meeting reports justifies dismissal from the program.

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

(write on reverse of this page if needed)

5. The student has permission to write:

- Qualifying Proposal Thesis Not Applicable

6. Experimental Recommendations / Specific Expectations for next meeting:

(write on reverse of this page if needed)

****Please ask the student to return, and review Questions 4-6 with them****

****Please ask the supervisor to step out of the room****

This is an opportunity for students to discuss any issues with their committee members. Student should have this filled out in advance. Please review the student's responses to questions 7-13. If students would rather speak privately with the Associate Chair, please contact graduate.immunology@utoronto.ca.

(write on reverse of this page if needed)

7. Are the frequency of meetings with your supervisor adequate?:

- Yes. The frequency of meetings is acceptable.
- Instead of the current frequency, here is a suggested (feasible) alternative:

8. Is your supervisor clear with their expectations of you?

- Yes. Supervisor feedback is reasonable and justified when needed.
- I need a better understanding of the following:

9. Does your supervisor provide clear and helpful feedback on your research?

- Yes. If I hit a road-block we discuss ways forward.
- Here are some research goals where I need feedback to enhance my progress:

10. Are the research interests of you and your supervisor in alignment?

- Yes. We are on the same page and if not, we clear things up in a timely manner.
- We differ on the following goals/areas of prioritization and this needs to be aired:

11. Are your lab resources and/or working environment conducive to success?

- Yes and if deficiencies arise, my supervisor and I work out solutions in a timely manner.
- Rectifying the following gaps/concerns would improve my research output:

12. Are roles in authorship or project leadership clearly defined?

- Yes. Roles on projects and manuscripts are clear or clarified promptly if changes arise.
- We need to come up with a solution for the following situation:

13. Are there any other changes that can be made (either by yourself or your supervisor) to improve your graduate experience?

- My supervisor and I make adjustments as needed. No action needed at the moment.
- Some things need tweaking. Here are some suggestions:

****Please ask the supervisor to return****

Date for next meeting: _____ ***REQUIRED***

(While you are all in the room together, please choose a date for the next meeting)

Signatures (place a check beside recording member)

Student: (print name) _____ (signature) _____
Supervisor: (print name) _____ (signature) _____
Committee Member: (print name) _____ (signature) _____
Committee Member: (print name) _____ (signature) _____
Committee Member: (print name) _____ (signature) _____
Graduate Coordinator: (signature) _____ (date) _____

Students must return the completed form to the Immunology Graduate Office (MSB 7205), provide your supervisor with a copy, and keep a copy for yourself future meetings. The graduate coordinator will sign off on the original and it will be added to your student file.