

Student: _____ Date: _____

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

2-page update sent to committee Previous Committee Meeting form sent to committee

Supervisory Experience Feedback Form (no need to send in advance; for discussion with committee members when supervisor is out of the room)

IDP completed (<u>https://myidp.sciencecareers.org/</u>) (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 and 5 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		
Progress:	1	2	3	4	5	6	7	8	9	10	
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 categories listed above. One "Unsatisfactory" triggers a meeting with the Graduate Coordinator; Two "Unsatisfactory" reports justifies dismissal from the program.

iii) If any concerns were raised, please outline recommended actions on page 2

- 5. The student has permission to write: Qualifying Proposal Thesis Not Applicable
- 6. Outline experimental <u>recommendations</u>/specific expectations for next meeting on page 2

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

Please ask the supervisor to step out of the room while student and committee members discuss the Supervisory Experience Feedback Form

Use this page for recommendations/expectations for next meeting/notes

Signatures:

Student	Comm. member	
Supervisor	Comm. member	
Comm. member	Comm. member	

Date for next meeting: ______ *REQUIRED*

Students must email the completed form to graduate.immunology@utoronto.ca and keep a copy for yourself for future meetings. The Graduate Coordinator will sign off and it will be added to your student file.

Graduate Coordinator: _____ Date: _____ Date: _____