Pharmacology & Toxicology
UNIVERSITY OF TORONTO

MSc ADVISOR REPORT

Student's Name: _____

Student #: _____

Supervisor(s): _____

_____

Date of Meeting: _____

COMMENTS ON PROGRESS/PROBLEMS:

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Advisor Name: _____

Advisor Signature: _____ Date: _____

Please return this form to the Graduate Office or email pharmtox.dept@utoronto.ca

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FAX: 416-978-6395