



**M.Sc. SUPERVISOR REPORT**

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-Supervisor: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Thesis Topic: \_\_\_\_\_

\_\_\_\_\_

**COMMENTS ON PROGRESS/PROBLEMS:**

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\_\_\_\_\_

Expected Date of Program Completion: \_\_\_\_\_

Month

Year

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Co-Supervisor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Student

**Please return to the Graduate Office or email to [pharmtox.dept@utoronto.ca](mailto:pharmtox.dept@utoronto.ca)**