

Ph.D. SUPERVISORY COMMITTEE REPORT

This report is a requirement for re-registration in September. Remember to include your progress report summarizing the developments since the previous meeting and the remaining items to be accomplished for program completion.

Student Name: _____ Student ID#: _____

Meeting Date (MM/DD/YYYY): _____

Committee Members Present:

Supervisor _____ Co-Supervisor _____

1) Brief Student Record: (To be filled out by Graduate Office)

Date of First Registration in Program: _____

Date of last Committee Meeting: _____

Courses approved and date of completion:

Tutorials/Modules approved and date of completion:

1. _____ 2. _____
3. _____ 4. _____

Seminar Attendance (# attended / 50): _____

First-year seminar date of completion (if applicable): _____

Midpoint seminar date of completion: _____

Exit seminar (expected) date of completion: _____

Program Requirements Outstanding:

2) **Progress Since Last Meeting:** [Explain change(s) in program direction, if any].

3) **Committee's assessment of student's progress, abilities, and proposed work.**

	Outstanding	Very good	Good	Satisfactory	Weak
Knowledge of the literature					
Critical analysis/interpretation					
Design of experiments					
Problem solving					
Laboratory skills					
Originality/creativity					
Industry					
Self-reliance					
Communication: Oral					
Written					

4) **Suggestion(s) for Improvement:**

5) **Suggestion(s) for future research:**

6) **Recommendation:** The candidate ____ has demonstrated adequate progress / ____ has **NOT** demonstrated adequate progress

7) **The Supervisory Committee will meet in the next ____ months.** (No greater than 12 months)

8) **Expected Date of Program Completion:** _____

9) **Final Committee Meeting:** A sufficient body of experimental work has been completed and preparation of the thesis may proceed: Yes _____ No: _____

10) **Name of Thesis Reader:** _____ (Not Supervisor/Co-supervisor)
The Thesis Reader (normally a member of the Supervisory Committee) is required to evaluate the format of the thesis and deem it suitable for distribution to the Senate Oral Examination Committee.

Signature of Supervisor _____

Date: _____

Signature of Co-Supervisor (if applicable) _____

Date: _____

FOR THE STUDENT:

This document **DOES / DOES NOT** (*circle one*) accurately reflect the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee (See below for additional comments)

Signature of Student: _____ Date: _____

Comments by Student: _____

If this was your final committee Meeting:

Will you be requesting permission to use the Alternative Format for your thesis? Yes ____ No ____

If "Yes", before beginning your thesis write-up, you are required to submit to the Graduate Coordinator the **three (3) first- author papers (published or in press; not including review articles)** that you will be using for your thesis write-up.

FOR THE SUPERVISORY COMMITTEE MEMBERS:

This document **DOES / DOES NOT** (*circle one*) accurately reflect the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee (See below for additional comments)

Signature of committee member _____ Date: _____

Additional comments: _____

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