

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.

You should contact the Graduate Office and request a copy of this form at least **two (2) weeks** prior to the scheduled committee meeting.

BRIEF STUDENT RECORD		
(To be filled out by the Graduate Office prior to the committee meeting)		
Student's Name:	Student #:	
Supervisor's Name:	Meeting Date (MM/DD/YYYY):	
Date of First Registration in Program (MM/YYYY):	Date of Last Committee Meeting (MM/DD/YYYY):	
Required Courses	Course Code	Date of Completion
Graduate Pharmacology	PCL1002Y	
Minor Course Requirement (1.0 FCE)		
Collaborative Specialization Requirements (if applicable)		
Tutorial/Module	Date of Completion	
1.		
2.		
3.		
4.		
Seminars	Date of Completion	
Seminars in Pharmacology (PCL1003Y)	# Attended (min. 50)	
First-Year Seminar (if applicable)		
Midpoint Seminar		
Exit Seminar		

REPORT

Progress since last meeting (explain changes in program direction, if any):

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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					
Communication – written					

Suggestions for improvement:

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Suggestions for future research:

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Recommendation: The candidate has demonstrated adequate progress: Yes No

Next Committee Meeting (no greater than 12 months):

Expected Date of Program Completion:

Final Committee Meeting

A sufficient body of experimental work has been completed and preparation of the thesis may proceed:

Yes No

Name of Thesis Reader (Normally a member of the Supervisory Committee (not supervisor/co-supervisor), the Thesis Reader is required to evaluate the format of the thesis and deem it suitable for distribution):

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Supervisor's Signature:

Date:

Co-Supervisor's Signature:

Date:

SUPERVISORY COMMITTEE COMMENTS

Name of Committee Member:	In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:
Name of Committee Member:	
In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:
Name of Committee Member:	
In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:

STUDENT COMMENTS

This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Student's Signature:	Date:

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 the three (3) first-author papers (published or in press; not including review articles) that you will be using for your thesis write-up.

Return completed forms to: pharmtox.dept@utoronto.ca

Required supporting documents: Progress Report

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