



Ph.D. Supervisory Committee Meeting Report

**CONFIDENTIAL**

Doctoral students must meet with their committee at least once per year and submit this form to GB105.

Student: \_\_\_\_\_ U of T Student ID: \_\_\_\_\_

Research Topic: \_\_\_\_\_

Date of Advisory Committee Meeting: \_\_\_\_\_ Location: \_\_\_\_\_

Committee Members

Supervisor: \_\_\_\_\_ Other Member(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Chair Reviews Department Policies on Supervisory Committees and Ph.D. Program.

2. Brief Student Record: (Completed by GB105).

Date of First Registration in Program: \_\_\_\_\_

Date of Last Supervisory Committee Meeting: \_\_\_\_\_

Courses Completed and Grades: (see attached transcript)

Course work completed:  Yes  No

3. Review recommendations of previous Supervisory Committee(s) (reports attached)

4. Has the candidate demonstrated adequate progress in the research?

Yes  No

5. Committee's assessment of student's progress, abilities, and proposed work. This summary should be discussed with the student.

|                                   | outstanding              | very good                | good                     | satisfactory             | weak                     |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| knowledge of the literature:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| critical analysis/interpretation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| design of experiments:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| problem solving:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| laboratory skills:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| originality/creativity:           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| industry:                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| self-reliance:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| oral communication:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| written communication:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| collaboration:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Suggestion(s) for improvement of weak areas: (add additional pages if necessary)

7. Recommendations for personal and professional development:

8. Recommendation: The Candidate:

- may proceed as per 5 above       may begin to write thesis       may proceed to departmental oral
  
- has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next reading committee meeting may result in termination of registration.       has not demonstrated adequate progress. Registration in the program should be terminated.

9. The Supervisory Committee should meet in the next:     6 months     9 months     12 months

Tentative date: week of \_\_\_\_\_

**Signature of Chair of Supervisory Committee (Supervisor):**

-----  
FOR THE STUDENT:

10. This document accurately reflects the discussion and recommendation at this meeting of my Supervisory Committee.

**Signature of Student:**

**Date:** \_\_\_\_\_

Additional comments by committee/student: