



Nutritional Sciences
UNIVERSITY OF TORONTO

PH.D. STUDENT ADVISORY COMMITTEE MEETING REPORT

Date, Time & Location: _____

Signatures
 (to indicate approval of below)

Student:	_____	_____
Committee:		
Chair - Supervisor:	_____	_____
Co- Supervisor:	_____	_____
Members:	_____	_____
	_____	_____
	_____	_____

Purpose of Meeting:

	Yes	No
Discuss: (a) Course Work	_____	_____
(b) Seminar Presentation	_____	_____
(c) Research Proposal *	_____	_____
(d) Research Progress *	_____	_____
(e) Thesis Plans *	_____	_____
(d) Other (identify)	_____	_____

* A copy of the proposal, progress report or summary of thesis plans should be included with this report for the student's file.

Program Start Date: _____

Previous Advisory Committee Meeting Date: _____

Date of Last Seminar: _____

Courses Completed and Grades: _____

Course Work Completed: Yes _____ No _____

<u>Comments:</u>	Excellent	Very Good	Good	Satisfactory	Weak	N/A
Seminar	_____	_____	_____	_____	_____	_____
Course Work	_____	_____	_____	_____	_____	_____
Research	_____	_____	_____	_____	_____	_____
Overall Progress	_____	_____	_____	_____	_____	_____

Please refer to Ph.D. Graduate Program Milestones Form (inside front cover of file).

Which previously incomplete milestone(s) was(were) projected to have been completed by now?

Has(ve) the above milestone(s) been completed in a satisfactory and timely fashion? Yes No

If yes, please fill in date of completion on Graduate Program to be Completed Form.

If not, Why not?

If not, how is research plan modified (revise Date of Completion on Grad Program to be Completed Form)?

What milestone(s) is (are) to be accomplished by next Advisory Committee Meeting?

Detailed Comments on Student's Progress, Abilities and Proposed Work (may attached additional page)

- Recommendation:**
- Has demonstrated adequate progress
 - Has not demonstrated adequate progress. Failure to demonstrate progress by next Advisory Committee Meeting may result in termination of registration.
 - Has not demonstrated adequate progress. Registration should be terminated.

In camera session between student and non-supervisory committee members:

(check to ensure time was allocated)

Name of non-supervisory committee member responsible for confidential reporting:

Student's Comments:

Tentative date of next Advisory Committee Meeting: