

**DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY**  
**University of Toronto**

**MSc ADVISOR REPORT**

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

Supervisor(s): \_\_\_\_\_

\_\_\_\_\_

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

**COMMENTS ON PROGRESS/PROBLEMS:**

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Advisor Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Departmental Graduate Office.**  
**(Student, be sure to keep a copy for your files)**