

DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY
University of Toronto

M.Sc. SUPERVISOR-CO SUPERVISOR REPORT

Student's Name: _____

Supervisor: _____ Co-Supervisor: _____

Date of Meeting: _____

Thesis Topic: _____

COMMENTS ON PROGRESS/PROBLEMS:

Expected Date of Program Completion: _____
Month Year

Date: _____ Signed: _____
Supervisor

Date: _____ Signed: _____
Co-Supervisor

Date: _____ Signed: _____
Student

**This Report is a requirement for re-registration in September.
(Student, be sure to keep a copy for your files)**