

DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY

University of Toronto

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.

Supervisory Committee Guidelines can be found on page 10-11 of the following:

<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/graduate/2012-2013/Graduate+Supervision+Guidelines.pdf>

Student: _____ Meeting Date _____

Committee Members Present:

Supervisor _____ Co-Supervisor _____

1) Brief Student Record: (To be filled out by Graduate Office)

Date of First Registration in Program:

Date of last Committee Meeting:

Courses:

Tutorials/Modules:

Departmental Seminar Attendance to date (PCL1003Y):

Program Requirements Outstanding:

2) Progress Since Last Meeting: [Explain change(s) in program direction, if any].

3) 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					
Written					

4) Suggestion(s) for Improvement:

5) Suggestion(s) for future research:

6) Recommendation: The candidate ____ has demonstrated adequate progress / ____ has **NOT** demonstrated adequate progress

7) The Supervisory Committee will meet in the next ____ months. (No greater than 12 months)

8) Expected Date of Program Completion: _____

9) Final Committee Meeting: A sufficient body of experimental work has been completed and preparation of the thesis may proceed: Yes _____ No: _____



10) Name of Thesis Reader: _____ (Not Supervisor/Co-supervisor)
The Thesis Reader (normally a member of the Supervisory Committee) is required to evaluate the format of the thesis and deem it suitable for distribution to the Senate Oral Examination Committee.

Signature of Supervisor

Date:

Signature of Co-Supervisor (if applicable)

Date:

FOR THE STUDENT:

This document **DOES / DOES NOT** (*circle one*) accurately reflect the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee (See below for additional comments)

Signature of Student: _____ Date: _____

Comments by Student: _____

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

FOR THE SUPERVISORY COMMITTEE MEMBERS:

This document **DOES / DOES NOT** (*circle one*) accurately reflect the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee (See below for additional comments)

Signature of committee member _____ **Date:** _____

Additional comments: _____

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