

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.

You should contact the Graduate Office and request a copy of this form at least **two (2) weeks** prior to the scheduled committee meeting.

BRIEF STUDENT RECORD		
(To be filled out by the Graduate Office prior to the committee meeting)		
Student's Name:		Student #:
Supervisor's Name:		Meeting Date (MM/DD/YYYY):
Date of First Registration in Program (MM/YYYY):		Date of Last Committee Meeting (MM/DD/YYYY):
Required Courses	Course Code	Date of Completion
Graduate Pharmacology	PCL1002Y	
Minor Course Requirement (1.0 FCE)		
Collaborative Specialization Requirements (if applicable)		
Tutorial/Module		Date of Completion
1.		
2.		
3.		
4.		
Seminars		Date of Completion
Seminars in Pharmacology (PCL1003Y)		# Attended (min. 50)
First-Year Seminar (if applicable)		
Midpoint Seminar		
Exit Seminar		

REPORT

Progress since last meeting (explain changes in program direction, if any):

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					
Communication – written					

Suggestions for improvement:

Suggestions for future research:

Recommendation: The candidate has demonstrated adequate progress: ☐ Yes ☐ No

Next Committee Meeting (no greater than 12 months):

Expected Date of Program Completion:

Final Committee Meeting

A sufficient body of experimental work has been completed and preparation of the thesis may proceed:

☐ Yes ☐ No

Name of Thesis Reader (Normally a member of the Supervisory Committee (not supervisor/co-supervisor), the Thesis Reader is required to evaluate the format of the thesis and deem it suitable for distribution):

Supervisor's Signature:

Date:

Co-Supervisor's Signature:

Date:

SUPERVISORY COMMITTEE COMMENTS

Name of Committee Member:	In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:

Name of Committee Member:	In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:

Name of Committee Member:	In attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No
This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Committee Member's Signature:	Date:

STUDENT COMMENTS

This document accurately reflects the discussion and recommendations at the above meeting of the student's Ph.D. Supervisory Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:	
Student's Signature:	Date:

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

Return completed forms to: pharmtox.dept@utoronto.ca

Required supporting documents: Progress Report

Department of Pharmacology and Toxicology | Graduate Education

Medical Sciences Building | 1 King's College Circle, Room 4207 | Toronto, Canada M5S 1A8

pharmtox.dept@utoronto.ca | pharmtox.utoronto.ca