Student Advisory Committee Report

This Report should give the student a clear indication of the Committee’s advice concerning experimental design and experimental procedures. The Report should be explicit concerning whether the progress of research and the development of the student as a scientist are appropriate for the current stage of the student’s progress, and, if not, where adjustments are needed.

Student: _______________________________ Collaborative Program (if any): _______________________________
Date of Committee Meeting: _______________________________ Date of Previous Meeting: _______________________________
Year MSc Program Began: _______________________________ Committee Meeting No.: _______________________________
Supervisor: _______________________________ Co-Supervisor (if any): _______________________________

**Title of Research Project:**
__________________________________________________________________________________________

Does this project have industrial support and/or intellectual property?  Yes [ ] No [ ]
If yes, please explain:
____________________________________________________________________________________________

**Coursework and Grades:**

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**Abstracts/Presentations** *(indicate Meeting - Poster or Oral):*
- International
- Provincial/National
- Local

**Publications** *(include manuscripts submitted):*
____________________________________________________________________________________________
____________________________________________________________________________________________

**Participation in Departmental Academic Activities** *(eg. Research Seminars; Graduate Student Research Day)*
____________________________________________________________________________________________

**STUDENT'S FUNDING for the current academic year (STUDENT MUST COMPLETE.)**

**Scholarships/Awards** *(indicate name of award, amount and period held):*
- International:
- Provincial/National:
- University:

**Stipend**

Amount ____________________________ Source(s) __________________________________________________________________

Estimated / Actual TOTAL : $______________
COMMITTEE’S ADVICE TO STUDENT

1) Recommendations for future experiments: (To be completed in the presence of the graduate student; attach separate page, if necessary)

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

2) Knowledge of the literature related to the thesis and in current biomedical research:

_____________________________________________________________________________________________________________

3) Progress in course work:

Supplementary courses required:

_____________________________________________________________________________________________________________

4) Thesis work:
   a) Hypotheses/rationale, experimental design and/or interpretation:

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

   b) Progress:

_____________________________________________________________________________________________________________

RECOMMENDATIONS CONCERNING PROGRAM DEVELOPMENT

1) Estimated date for next committee meeting: _________________________________

2) PhD Transfer Examination: (for MSc students only; approximate date): _________________________________

   Note: Approval of transfer will NOT be granted beyond two (2) years in the MSc Program.

3) Thesis preparation (estimated date of defense): _________________________________

4) Termination of Program (reason[s]): _________________________________

COMMENTS BY THE STUDENT: (Attach separate page, if necessary)

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Student’s Signature: ____________________________________

Name 

Department 

Signature 

Chairperson: 

Supervisor(s): 

Other Committee Members

IMPORTANT: Please forward the completed report immediately after the meeting to the Graduate Office. A copy of this report should be retained by the student.