

Please return this form by [Service Request](#) along with your progress report.

STUDENT IDENTIFICATION

STUDENT NAME _____ STUDENT NUMBER _____ FIRST TERM OF ENROLMENT (YYYY-MM) _____

NAME OF SUPERVISOR _____ NAME OF CO-SUPERVISOR (IF APPLICABLE) _____

MEETING INFORMATION:

DATE (YYYY-MM-DD) _____ TAC MEETING NO. (EX: 1, 2, 3) _____

GRADUATE PROGRAM

MSc BIOCHEMISTRY EPIDEMIOLOGY NEUROSCIENCE
 PhD CELLULAR AND MOLECULAR MEDICINE MICROBIOLOGY AND IMMUNOLOGY

EVALUATION BY THE THESIS ADVISORY COMMITTEE

KNOWLEDGE OF THE LITERATURE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
OBJECTIVES AND HYPOTHESIS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
RESEARCH PLAN	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
RESEARCH PERFORMANCE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
WRITTEN PRESENTATION	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
ORAL PRESENTATION	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY
OVERALL STUDENT PERFORMANCE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> VERY GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> UNSATISFACTORY

**TWO SUCCESSIVE
UNSATISFACTORY
OVERALL STUDENT
PERFORMANCE WILL
RESULT IN THE
IMMEDIATE WITHDRAWAL
OF THE STUDENT FROM
THE PROGRAM**

NEXT MEETING INFORMATION (ONLY IF BEFORE THE REGULATORY 12 MONTHS)

NEXT MEETING MUST BE HELD: _____ FAILURE TO DO SO MAY RESULT IN AN UNSATISFACTORY GRADE
DATE (YYYY-MM-DD)

REASON TO HOLD A MEETING BEFORE THE REGULATORY 12 MONTHS:

- MAJOR PROBLEMS HAVE BEEN IDENTIFIED (*Please identify problems and solutions in comments*)
- PROJECT IS NOT VIABLE AND A NEW DIRECTION MUST BE TAKEN

**JUSTIFY YOUR EVALUATION (COURSE AND RESEARCH PROGRESS, STRENGTHS AND WEAKNESSES OF STUDENT)
(TO BE COMPLETED BY THE THESIS ADVISORY COMMITTEE)**

THESIS ADVISORY COMMITTEE MEMBERS SIGNATURES

PRINT NAME OF TAC MEMBER	SIGNATURE	DATE (YYYY-MM-DD)
PRINT NAME OF TAC MEMBER	SIGNATURE	DATE (YYYY-MM-DD)
PRINT NAME OF TAC MEMBER	SIGNATURE	DATE (YYYY-MM-DD)

REPORT OF THE THESIS ADVISORY COMMITTEE (Continuation)

EVALUATION BY THE SUPERVISOR (AND IF APPLICABLE, CO-SUPERVISOR)

SIGNATURE (SUPERVISOR)

DATE (YYYY-MM-DD)

SIGNATURE (CO-SUPERVISOR)

DATE (YYYY-MM-DD)

STUDENT STATEMENT

I ACKNOWLEDGE THAT I HAVE READ THE EVALUATION OF THE THESIS ADVISORY COMMITTEE MEMBERS AND OF MY SUPERVISOR.

SIGNATURE (STUDENT)

DATE (YYYY-MM-DD)