

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)