



Graduate and Postdoctoral Studies REPORT OF THE THESIS ADVISORY COMMITTEE

Please submit this form by [Service Request](#) along with your progress report, under the Thesis Advisory Committee category.
Note: select the "View All" button to display all the categories

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)