



# Graduate and Postdoctoral Studies REPORT OF THE THESIS ADVISORY COMMITTEE

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