Report of Graduate Department of Public Health Sciences
PhD Student Supervisory Committee Meeting

Date, Time & Location:__________________________________________________________

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<thead>
<tr>
<th>Student Number</th>
<th>Name</th>
<th>Signatures</th>
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<td>Student:</td>
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<td>Supervisor:</td>
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<td>Co-Supervisor:</td>
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<td>(if applicable)</td>
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<td>Committee Members:</td>
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Course Work Completed:  Yes_______  No ______
Comps/Qualifying Completed:  Yes_______  No ______

Thesis title/topic: _____________________________________________________________
___________________________________________________________________________
____________________________________________________________________________

Purpose of Meeting:

☐ Course Work
☐ Comprehensive Exam Preparation
☐ Research Proposal *
☐ Research Progress *
☐ Dissertation Plans *
☐ Other (identify) ___________________________________________________________

* A copy of the proposal, progress report or summary of thesis plans should be included with this report for the student's file.
Detailed Comments on Student’s Progress, Abilities and Proposed Work (may attach additional page)

______________________________________________________________________________

______________________________________________________________________________

Recommendation:

Overall progress:  □ Surpasses expectations  □ Achieves expectations  □ Improvement required

□ May proceed as detailed above

□ Must meet with Program Director

□ Ready for Graduate Department of Public Health Sciences Oral Defense

Other (identify) ________________________________________________________________

______________________________________________________________________________

Student’s Comments:

□ I have been made aware of the recommendation(s) above.

______________________________________________________________________________

______________________________________________________________________________

The Supervisory Committee should meet in the next _________ months.

Tentative Date:  Week of __________________________.