

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

Date, Time & Location: \_\_\_\_\_

Student Number	Name	Signatures (to indicate approval of below)
Student: _____	_____	_____
Supervisor: _____	_____	_____
Co-Supervisor: (if applicable) _____	_____	_____
Committee Members:	_____	_____
	_____	_____
	_____	_____

Course Work Completed:                      Yes                      No

Comps/Qualifying Completed:              Yes                      No

Thesis title/topic:

**Purpose of Meeting:**

- Course Work
- Qualifying Exam Preparation
- Research Proposal \*
- Proposal Defense
- 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 Departmental 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 \_\_\_\_\_.