

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

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	D		
☐ Comprehensive E	·		
Research Proposa			
☐ Research Progres			
☐ 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