

**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
- 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.

