

*Doctor of Public Health Program  
DrPH 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/ Area of Focus:

Executive Summary of Committee Discussion:

**Purpose of Meeting:**

- Course Work
- Applied Research Project
- Qualifying Exam Preparation
- Dissertation Proposal
- Proposal Defense
- Dissertation Development
- Dissertation Progress
- Other (identify) \_\_\_\_\_

**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 \_\_\_\_\_