

**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 _____.