

M.Sc. Degree Start Date: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_



**DEPARTMENT OF BIOLOGY - SUPERVISORY COMMITTEE MEETING REPORT**

Effective January 1, 2014, 1<sup>st</sup> Supervisory Committee Meeting is to be scheduled within nine (9) months of start-date.

**Student:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_  
PLEASE PRINT (GIVEN NAME) (SURNAME)

| <u>Completed Courses:</u> | <b>RESEARCH PROGRESS</b><br>Please ✓ research progress status |                          | <b>NAME</b><br><b>(PLEASE PRINT)</b> | <b>SIGNATURE</b> |
|---------------------------|---|--------------------------|--------------------------------------|------------------|
|                           | <i>Unsatisfactory</i>   | <i>Satisfactory</i>      |                                      |                  |
| <u>Future Courses:</u>    | Supervisor:   | <input type="checkbox"/> | <input type="checkbox"/>             |                  |
|                           | 2 <sup>nd</sup> Member  | <input type="checkbox"/> | <input type="checkbox"/>             |                  |
|                           | 3 <sup>rd</sup> Member  | <input type="checkbox"/> | <input type="checkbox"/>             |                  |
|                           | 4 <sup>th</sup> Member  | <input type="checkbox"/> | <input type="checkbox"/>             |                  |

Is this a request for TRANSFER? YES  NO  Undecided

If approved, please refer to:

“STUDENT CHECKLIST AND BIOLOGY TRANSFER EXAMINATION PROCESS” form.

For a TRANSFER EXAMINATION MEETING:

Please complete: “BIOLOGY - TRANSFER EXAMINATION REPORT” form.

Is this a first request for “permission to write”? YES  NO:

If YES, anticipated date of completion: \_\_\_\_\_

Has “permission to write” been granted earlier? YES  NO:

If YES, new anticipated date of completion: \_\_\_\_\_

Overtime/Out of Time Students (Current Term: \_\_\_\_ ) Plan for next 6 (six) months:

*Please turn over for completion...*

SUMMARY - COMMENTS:

Progress to Date:

Written Report:

Presentation:

Recommendations:

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DATE

DEPARTMENTAL CHAIR or CHAIR OF BIOLOGY GRADUATE STUDIES COMMITTEE

**ASSOCIATE CHAIR or DEPARTMENTAL CHAIR COMMENTS:**

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**This report has been seen by the student. If student so wishes, he/she may append additional comments.**

**STUDENT:** \_\_\_\_\_ **STUDENT SIGNATURE:** \_\_\_\_\_