PART A: To be filled out by student.

A copy of part A, including the written Advisory Committee Report, is to be provided to Advisory Committee members at least one week prior to the committee meeting.

Student Name: __________________________   Meeting Date: __________________________

Candidate for Degree of: PhD □ MSc □
If you are currently an MSc candidate, are you considering PhD studies? Yes □ No □

Program Start Date (Month/Year): ______________________________________
Anticipated Completion Date (Month/Year): __________________________

Committee Meeting (please circle): 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Committee Members (please print):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Course Work (Indicate courses being taken and completed):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Research Project Title:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Brief summary of progress made to date (also attach the detailed advisory committee report):
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Page 1 of 3
PART B: To be filled out during the meeting by the Advisory Committee.

Evaluation of student (since last meeting):
Please ask the student to leave the room while the committee discusses their evaluation.

Was a written report by the student given to the committee?  Yes ☐ No ☐

<table>
<thead>
<tr>
<th></th>
<th>unsatisfactory</th>
<th>satisfactory</th>
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<tbody>
<tr>
<td>Familiarity with the subject of research</td>
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<tr>
<td>Progress in research</td>
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<td></td>
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<tr>
<td>Course work</td>
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Students receiving two consecutive unsatisfactory ratings will be required to meet with the Graduate Studies Committee for an interview regarding their lack of progress. The consequences of consistent failure to progress may include a request to withdraw from the graduate program.

Specific recommendations of the committee (e.g. suggested courses, research priorities, problems to solve, write up thesis):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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If performance in any area listed above is deemed unsatisfactory, provide relevant details below:

______________________________________________________________________________
______________________________________________________________________________

Describe the process of remediation if any of the above components are deemed unsatisfactory:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Once the section above is complete, please invite the student back into the room and discuss the committee’s evaluation.

Experimental work completed/permission to write thesis?  Yes ☐ No ☐

Date of Next Meeting (if applicable): __________________________

TWO MEETINGS ARE REQUIRED PER YEAR
Signatures (to be done upon completion of pages 1 and 2):

Upon signing this, I acknowledge reading this completed form.

Advisory Committee Members:

 ______________________________________

 ________________________________

 ________________________________

 ________________________________

 Supervisor(s):

 ______________________________________

 ________________________________

 ________________________________

 Student:

 ______________________________________

 Return completed form to the Graduate Secretary, Department of Microbiology & Immunology within one week of the Advisory Committee meeting.