

**DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY  
ADVISORY COMMITTEE MEETING FORM (1yr MSc)**

**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: 1yr MSc

Program                      Start                      Date                      (Month/Year): \_\_\_\_\_

Anticipated Completion                      Date                      (Month/Year): \_\_\_\_\_

Committee Meeting (please circle): 1<sup>st</sup> 2<sup>nd</sup>

Committee Members (please print):

\_\_\_\_\_  
\_\_\_\_\_

Course Work (Indicate courses being taken and completed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Research Project Title:

\_\_\_\_\_  
\_\_\_\_\_

Brief summary of progress made to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**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

	unsatisfactory	satisfactory
Familiarity with the subject of research		
Progress in research		
Course work		

**Students receiving one unsatisfactory rating 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:

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

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

**Signatures (to be done upon completion of pages 1 and 2):**

Upon signing this, I acknowledge reading this completed form.

Advisory Committee Members:

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Supervisor(s):

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Student:

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