



Laboratory Medicine & Pathobiology UNIVERSITY OF TORONTO

Graduate Programs

Student Advisory Committee Report

This Report should give the student a clear indication of the Committee's advice concerning experimental design and experimental procedures. The Report should be explicit concerning whether the progress of research and the development of the student as a scientist are appropriate for the current stage of the student's progress, and, if not, where adjustments are needed.

Student: _____ Collaborative Program (if any): _____
 Student Number _____ Date of Previous Meeting: _____
 Date of Committee Meeting: _____ Committee Meeting No.: _____
 Year PhD Program Began: _____ Supervisor (s): _____

• **Title of Research Project:**

Does this project have industrial support and/or intellectual property? Yes [] No []

If yes, please explain:

Coursework and Grades: LMP 1404H _____

LMP1001Y (to be completed by the LMP Graduate Office)

Attendance ___ **Participation** ___ **Seminar Presentation** ___

Indicate: [E] Excellent, [S] Satisfactory, [NI] Needs Improvement, or [NA] Not Applicable

• **Abstracts/Presentations** (indicate Meeting - Poster or Oral):

-International _____

-Provincial/ National _____

-Local _____

• **Publications** (include manuscripts submitted): _____

• **Participation in Departmental Academic Activities** (eg. Research Seminars; Graduate Student Research Day)

• **STUDENT'S FUNDING** for the current academic year (STUDENT MUST COMPLETE.)

Scholarships/Awards (indicate name of award, amount and period held):

-International: _____

-Provincial/National: _____

-University: _____

Stipend

Amount _____ Source(s) _____

Estimated / Actual **TOTAL** : \$ _____

COMMITTEE'S ADVICE TO STUDENT

1) Recommendations for future experiments: *(To be completed in the presence of the graduate student; attach separate page, if necessary)*

2) Knowledge of the literature related to the thesis and in current biomedical research:

3) Progress in course work:

Supplementary courses required:

4) Thesis work:

a) Hypotheses/rationale, experimental design and/or interpretation:

b) Progress:

RECOMMENDATIONS CONCERNING PROGRAM DEVELOPMENT

- 1. Estimated date for next committee meeting: _____
- 2. Thesis preparation (estimated date of defense): _____
- 3. Termination of Program (reason[s]): _____

COMMENTS BY THE STUDENT: (Attach separate page, if necessary)

Student's Signature: _____

	Name	Department	Signature
Chairperson:	_____	<i>Lab Med & Pathobiology</i>	_____
Supervisor(s):	_____	_____	_____
Other Committee Members	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

IMPORTANT: Please forward the completed report **immediately** after the meeting to the Graduate Office. A copy of this report should be retained by the student.