



GRADUATE STUDIES – Supervisory Committee,
Thesis Topic and Preliminary Progress

Note: To be returned to the office of the Dean of Graduate Studies

Last Name: _____ First Name: _____

ID #: _____ Department: _____

Thesis Title: _____

Program Start Date: _____

Expected Date of Completion: _____

Date of Committee Meeting: _____

COURSES COMPLETED/TO BE COMPLETED:

Course Number & Title	Term	Mark (if completed)

PROGRESS: Satisfactory Requires further review* Unsatisfactory*

RESEARCH PROJECT:

Committee Comments (outline specific training and research goals for the first 12 months, provide a timeline outlining specific short-term research goals and Committee plans to further monitor progress, attach additional pages if necessary):

Committee Members:

_____	_____	_____
Supervisor	Date	Email
_____	_____	_____
Co-Supervisor (if applicable)	Date	Email
_____	_____	_____
Committee Member (internal)	Date	Email
_____	_____	_____
Committee Member	Date	Email
_____	_____	_____
MSc Candidate	Date	Email