



GRADUATE STUDIES – Supervisory Committee,
Thesis Topic and Preliminary Progress

Fillable form: open in Adobe Acrobat and click Fill & Sign

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)

RESEARCH PROJECT:

A written research proposal was provided to the committee: ☐ Yes ☐ No

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):

PROGRESS: ☐ Satisfactory ☐ Requires further review* ☐ Unsatisfactory*

Committee Members:

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