

Rehabilitation Sciences Institute

500 University Ave., Toronto, Ontario M5G 1V7 Telephone (416) 978-0300 Facsimile (416) 946-8762

SUPERVISORY COMMITTEE MEETING FORM*

*(formally known as *Program Advisory Committee (PAC)* Meeting Form)

Name of Student: _____ Current Date: _____

Student Number: _____ Degree: _____

Name of Supervisor(s): _____

Date of Last Meeting: _____ Date of Next Meeting: _____

Meeting: (Please check one)

6-mth 1 yr. 1.5 yr. 2 yr. 2.5 yr. 3 yr. 3.5 yr 4yr. 4.5 yr. 5 yr.

Thesis Title:

To be Completed by Committee:

Excellent

→ *Unsatisfactory*

	5	4	3	2	1
Knowledge					
Research Skills					
Professional Development					
Oral Communication					
Written Communication					

Comments

Timeline for Completion

Progress since last meeting (circle): Excellent Satisfactory Unsatisfactory

The expected completion date of the project (including thesis preparation) is _____.

Is this satisfactory to the Committee Yes No

Is this satisfactory to the student? Yes No

If no, explain:

Course Requirements

Courses

Course Title	In Progress	Completed	Grade

Achievements *(List all achievements since last meeting include, awards, publications, presentations)*

NOTE: please attach a bibliographic citation of all publications accepted, in press or submitted.

Additional comments by Committee *(Please attach a separate sheet if necessary)*

Comments by student *(Please attach a separate sheet if necessary):*

I/we have reviewed and discussed this assessment with the student:

Signature of Supervisor: _____
Name *Signature*

Signature of Committee Members

Name	Signature	Area of expertise
Name	Signature	Area of expertise
Name	Signature	Area of expertise
Name	Signature	Area of expertise

Signature of Student: _____

Return the SIGNED FORM to the: Rehabilitation Sciences Institute
 500 University Ave., Room160
 University of Toronto
 Fax: 416-946-8762