

SUPERVISORY COMMITTEE MEETING FORM

STUDENT NAME:							DA	TE:					
STUDENT NUMBER:							DEC	GREE:		MS	ic	PhD	
NAME OF SUPERVISO	DR(S):												
DATE OF LAST MEETI					DATE	OF NEX	Τ ΜΕΕΤΙ	NG:					
MEETING CLASSIFICA	TION:	6-mth	1 yr.	1.5 yr.	2	yr. 2	.5 yr.	3 yr.	3.5	yr.	4 yr.	4.5 yr.	5 yr.
THESIS TITLE/TOPIC:													

To be <u>completed</u> by the SUPERVISORY COMMITTEE:

THESIS TITLE/TOPIC:		[[
Please assess the student's competencies from POOR (1) to EXCELLENT (5) and select your choice below:	1	2	3	4	5		
1. Knowledge							
2. Research Skills							
3. Professional Development							
4. Oral Communication							
5. Written Communication							
COMMENTS: (please attach Word document, if preferred)							

TIMELINE TO COMPLETION:							
Progress since last meeting:							
EXCELLENT	SATISFACTORY	ISATISFACTORY					
*The expected completion date of the project (including thesis preparation):							
Is this satisfactory to the Committee : YES NO							
Is this satisfactory to the	e Student :	YES	NO				
If NO, please explain:							

COURSE REQUIREMENTS:

COURSE CODE/TITLE	IN PROGRESS	COMPLETED	GRADE

ACHIEVEMENTS:

List all achievements since last meeting include, awards, publications, presentations, etc. (**NOTE:** please attach a bibliographic citation of all publications accepted, in press or submitted)

ADDITIONAL COMMENTS BY COMMITTEE: (please attach Word document, if preferred)

ADDITIONAL COMMENTS BY STUDENT: (please attach Word document, if preferred)

I/we have reviewed and discussed this assessment with the student: (please provide signatures below)

	NAME	SIGNATURE	
Student			
Supervisor			
Co-Supervisor (if applicable)			AREA OF EXPERTISE
Committee Member(s)			