

Committee Report

Supervisory Committee Meeting: _____ day _____ month _____ year

Please indicate meeting type:

- First Committee set-up
- Annual Progress meeting
- Pre-comprehensive meeting
- Transfer to PhD

Last Name:	First Name:	UBC Student #:
Date of Entry: Masters (dd/mm/yy)	Date of Entry: PhD (dd/mm/yy)	
PHD comprehensive exam (if applicable) Date completed (dd/mm/yy): _____ Anticipated date (dd/mm/yy): _____		

1. Has the student completed Course requirements satisfactorily? Yes No
2. Has the student taken the Responsible Conduct of Research course? Yes No
3. Does the student have a viable research project? Yes No
4. Please rate the student's progress: Satisfactory Unsatisfactory

If progress is deemed to be unsatisfactory, a concrete plan for correction of any deficiencies must be submitted by the student and/or supervisor to the Chair of the Graduate Program in Neuroscience within 30 days.

Committee Recommendations:

Supervisory Committee: Minimum of three members for MSc student; four for PhD student. 50% must be members of G+PS. [Approval of non-members](#) (complete & sign form, attach nominee statement & CV for Program Director/ G+PS approval)

Name (please print)	Role	Signature	G+PS member?	
1.	Supervisor		Yes	No
2.	Co-supervisor		Yes	No
3.	Committee Chair		Yes	No

4.	Member		Yes	No
5.	Member		Yes	No
6.	Member		Yes	No
7.	Member		Yes	No

Please return completed form to:

Ubc.neuroscience@ubc.ca or GPN office, 3402-2215 Westbrook Mall, DM Centre for Brain Health, Vancouver, BC, V6T 1Z3

Keep a copy for your reference.