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  ☐ 4 yr.  ☐ 4.5 yr.  ☐ 5 yr.

Thesis Title:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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To be Completed by Committee:

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<tr>
<th>Knowledge</th>
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<td>Research Skills</td>
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<td>Professional Development</td>
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<td>Oral Communication</td>
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<td>Written Communication</td>
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Comments
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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:
___________________________________________________________________________________________
___________________________________________________________________________________________

Updated: 30 June 2016
## Course Requirements

### Courses

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<th>Course Title</th>
<th>In Progress</th>
<th>Completed</th>
<th>Grade</th>
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### 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**

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<tr>
<th>Name</th>
<th>Signature</th>
<th>Area of expertise</th>
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**Signature of Student:**

__________________________________________________________________________________________________

Return the SIGNED FORM to the: Rehabilitation Sciences Institute

500 University Ave., Room160
University of Toronto
Fax: 416-946-8762