



LFS Graduate Student Supervisory Committee Meeting Report

Last Name:	First Name:
Student Number:	Email:
Graduate Program:	MSc <input type="checkbox"/> PhD <input type="checkbox"/>
Meeting Date, Time and Location:	
Supervisor:	
Committee Members Present:	

Progress Report & Recommendations: (Please provide a copy (PDF or paper) of any material circulated, including the thesis research proposal, to the Graduate Programs Office, for the student's file. Both the student and the Supervisor must sign these minutes.) You may use additional pages if necessary.

Supervisor Signature: _____ **Student Signature:** _____

Note: Please copy to all committee members, and submit this report to the Graduate Programs Office within 2 weeks of the meeting date

For Pre-Comps Meetings: Proposal Accepted by committee? Yes <input type="checkbox"/> No <input type="checkbox"/> Tentative Comp Exam Date:
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Once signed, please submit to the Graduate Programs Office, Room 344, MacMillan Building