

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 Number: |
| Date of entry: Master's: _____ (dd/mm/yy) | | PhD: _____ (dd/mm/yy) |
| PhD comprehensive exam: | 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. 50% must be members of G+PS.

[Approval of non-members](#) (complete & sign form, attach nominee statement & CV for Program Director's 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.