



## PH.D. COMMITTEE REPORT

(This form is to be submitted after each meeting of the student's supervisory committee)

### SUPERVISORY COMMITTEE MEETING

**Date of this Committee Meeting** (yyyy/mm/dd):

### STUDENT INFORMATION

<b>Student Name:</b>	<b>Student Number:</b>
<b>Date of start of PhD Program:</b>	<b>Direct transfer from M.Sc.?</b> <input type="checkbox"/> yes <input type="checkbox"/> no

### SUPERVISORY COMMITTEE

<b>Chair (Supervisor, or Academic Co-supervisor):</b>
<b>Research Co-supervisor (if appropriate):</b>
<b>Members:</b>
<b>Members not present:</b>

### COURSE INFORMATION (List all courses taken during the student's graduate career)

COURSE	CREDITS	GRADE	COURSE	CREDITS	GRADE	COURSE	CREDITS	GRADE

If PHYS 500 is not on this list, please explain:

List courses that the student plans to take, if known:

### CANDIDACY PROGRESS

(as of this meeting)

<b>Has the student advanced to candidacy? (If not, please complete questions below)</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the comprehensive exam been passed? <input type="checkbox"/> written <input type="checkbox"/> oral	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the coursework complete?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the thesis proposal been accepted by the committee?	<input type="checkbox"/> yes <input type="checkbox"/> no
<a href="#">Recommendation for Advancement to Candidacy</a> form attached?	<input type="checkbox"/> yes <input type="checkbox"/> no

**RESEARCH PROGRESS**

Please describe briefly the student's progress during since the previous meeting. If the student has not yet advanced to candidacy, please indicate when and how the requirements will be completed. (For information on course and program requirements please refer to [www.phas.ubc.ca/graduate](http://www.phas.ubc.ca/graduate) )

Please describe any serious reservations expressed by any member of the committee.

Does the committee recommend that the student continue in the Ph.D. program? ☐ yes ☐ no

**THESIS PROPOSAL**

Please complete if the student has presented a thesis proposal at this meeting. If the thesis proposal is accepted by the committee, a copy of the proposal must be attached.

Does the committee accept the student's thesis proposal (attached)? ☐ yes ☐ no

**APPROVALS**

Supervisory Committee Chair:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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Graduate Program Advisor:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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(Copies of this report are to be provided to the student and all committee members)