

**GRADUATE DEPARTMENT OF PHARMACEUTICAL SCIENCES
ADVISORY COMMITTEE ASSESSMENT FORM**

Student Name: _____ Student Number: _____ Date: _____

Research Topic: _____

Committee Chair: _____
PRINT NAME SIGNATURE

The Committee Chair CANNOT be the Supervisor or the Co-Supervisor.

Supervisor: _____
PRINT NAME SIGNATURE

Co-supervisor: _____
PRINT NAME SIGNATURE

Internal Member: _____
PRINT NAME SIGNATURE

External Member: _____
PRINT NAME SIGNATURE

PRINT NAME SIGNATURE

Process for Student Assessment:

1. Review the Departmental policies on Advisory Committees (as required).
2. Review the following academic record of the student (to be completed by student):

Graduate Program: MSc PhD

Current Status: FT PT Flex Direct Entry/Transfer

a) Date of first registration in program: _____

b) Estimated completion date: _____

c) Date of last Advisory Committee Meeting: _____

d) Date of last presentation in the Student Group Seminar: _____

e) Date(s) of GRIP presentation(s): _____

f) Departmental minimum course work completed: Yes No

Please submit the completed and signed form to Tammy Chan (Room 658, pharm.sci@utoronto.ca) immediately following the meeting.

3. Committee's assessment of the student's progress, abilities and proposed work (to be discussed with the student).

Criteria	Good	Satisfactory	Weak*	Inadequate Opportunity to Observe	Comments
a) Technical skills					
b) Knowledge of relevant literature and methods					
c) Design of the project					
d) Problem solving					
e) Critical analysis/interpretation					
f) Originality/Creativity					
g) Industry					
h) Self-reliance					
i) Communication skills: Oral					
Written					
k) Interaction with others in the research group (supervisor only)					

**Provide specific suggestions for improvement for any areas identified as weak.*

The information on this form is confidential and will not be used for any other purposes, i.e. reference letters, ranking for scholarships.

4. Is the student making sufficient progress? Yes No

5. Recommendations for further development of the thesis research.

6. Recommendation for proceeding:

The student:

- a) May proceed as per 3 and 4 above;
- b) May proceed to Qualifying Examination (PhD only)
Note: PhD students must pass this examination within the first 24 months of initial registration if Full-time or within the first 32 months of registration if Flex-time. Exams should be scheduled early enough to permit the student time to re-take it if necessary. Failure to pass this exam within the required time limit would normally result in termination from the program.
- c) May proceed to Transfer Examination (MSc only)
Note: MSc students wishing to transfer to the PhD program must pass this examination within 15-18 months of initial registration.
- d) No further experiments or data collection and analysis necessary. Focus on writing the thesis;
- e) May proceed to Defense;
- f) Has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next Advisory Committee Meeting may result in termination of registration;
- g) Has not demonstrated adequate progress. Registration in the program should be terminated. The reasons for this recommendation will be forwarded to the Graduate Chair.

7. The Advisory Committee should meet in the next:

3 months

6 months

12 months

Tentative Date: _____

FOR THE STUDENT:

8. Student Comments/Response to Recommendations

The Chair conveyed the discussion and recommendations of my Advisory Committee to me directly following the meeting.

Student Signature: _____ Date: _____

The information on this form is confidential and will not be used for any other purposes, i.e. reference letters, ranking for scholarships.