

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

Please submit the completed and signed form to the Graduate Office at pharm.sci@utoronto.ca immediately following the meeting.

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 academic record of the student (to be completed by student).

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

g) Attach a current ACORN transcript

h) Attach a current CV

i) Attach a copy of the completed Advisory Committee Assessment Form from the previous 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 satisfactory progress toward graduation? YES or NO

5. Specific recommendations for further development of the thesis research and progress through the program (additional sheets may be attached).

6. Recommendation for proceeding

The student:

May proceed taking into account the evaluation and recommendations in sections 3 and 5.

May proceed to Qualifying Examination (PhD only)

Note: Full-time PhD students must pass this examination within 24 months of her/his initial registration. Flex-time PhD students must pass this examination within the first 32 months of registration.

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.

No further experiments or data collection and analysis necessary. Focus on writing the thesis

May proceed to Defense

Has not demonstrated adequate progress. Please contact the Graduate Office as soon as possible for details on how to proceed. Note that failure to demonstrate satisfactory progress in two consecutive Advisory Committee Meetings may result in termination of registration.

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.