

MSc ADVISORY COMMITTEE REPORT

MSc research progress reporting is mandatory in the Department of Microbiology and Immunology. Such reporting must involve setting mutually acceptable objectives, recognition of the student's degree progress, and evaluation of the student. Some advantages of agreed upon expectations and clearly defined requirements are to help reduce time to completion and misunderstanding.

This form should be completed by the student (please type) prior to the Advisory Committee meeting, except for the last page which should be completed by the Advisory Committee members at the meeting. It is the student's responsibility to electronically submit the completed form to the Graduate Program Director (gpd.microimm@mcgill.ca) and the Student Affairs Coordinator (grad.microimm@mcgill.ca) within one week of the meeting.

STUDENT'S NAME**MCGILL ID****Date of the Meeting****Program start date (term/year)****MSc Advisory Report Number:**

#1

#2

#3

Is this an interim report after an unsatisfactory report?

Yes

No

Yearly LOU modifications completed and signed?

Yes

No

1. Objectives and timelines (for a first report)/Objectives set at a previous meeting (for a second report and over)

2. Objectives achieved (for a second report and over)

3. Objectives incomplete (for a second report and over)

4. Objectives and timelines for next year (for a second report and over)

5. Other activities and accomplishments, courses completed and registered for:

6. Additional program requirements met (e.g. orientation session, ethics workshop, graduate student seminars, current topic seminars, research day, etc.):

7. Thesis submission timelines and plan for stipend during thesis writing jointly agreed upon by the student and supervisor (for a second report and over)

8. Your Stipend (source, amount):

9. Prizes and Awards:

10. Students are encouraged to address and discuss any issues they are struggling with (complete if applicable).

11. Indicate any changes in your Letter of Understanding.

EVALUATION of progress toward objectives (to be completed by the Designated Chair)

	Research plan	Research skills	Requisite knowledge*	Research accomplishments	Overall
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsatisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> †
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Requisite knowledge is often developed through coursework, which may be commented on in the box below. However, unsatisfactory progress in coursework alone cannot lead to an unsatisfactory progress report because a separate Failure Policy governs coursework. Please see the Failure Policy in Graduate Studies on the University Regulations and Resources website, starting at www.mcgill.ca/study.

†A first overall unsatisfactory report must lead to a follow-up progress tracking meeting, not sooner than 4 months after the first report and not later than 6 months after the first report. DEADLINE FOR FOLLOW-UP REPORT:_____.

Failure to meet overall objectives on two Reports (not necessarily successive) constitutes unsatisfactory progress towards the degree and, if recommended by the academic unit, the student will be withdrawn from the University.

Explanation of Above Rating. Please justify your overall evaluation by assessing the following criteria:

1. Quality of written report:

2. Clarity, quality and organization of oral presentation:

3. Understanding and critical analysis of project and emerging data:

4. Progress made in research project since last meeting:

5. Overall development of competences and skills set:

6. Suggestions, challenges, priorities and action items:

External Award Holders must complete this box and email a copy of the entire progress report to GPS Funding, copying their supervisor to the email.

Tri-Council Agency: NSERC ____ SSHRC ____ CIHR ____ Start date of award: May 1 ____ Sept 1 ____ Jan 1 ____

- A) Award holders who are registered full-time must limit the number of hours of employment to 180 hours per term.
☐ I did not work any additional hours to my full-time research.
☐ I worked ____ hours during my award year. Nature of paid work: _____
- B) Award holders are responsible for reporting any changes in program when they occur because it may affect ongoing eligibility (i.e., leaves of absence, change in supervisor or research, change in registration, etc.).
☐ There were no changes to my student status in the past year
- C) There were changes to my student status in the past year: _____

SIGNATURES (PLEASE PRINT NAMES): * Mandatory. Must be present to sign together.	<i>I agree with the statements and evaluation in this Report.</i>	<i>Has a conflict of interest arisen in respect of any of the parties signing?*** (See examples)</i>	DATE _____
_____ * STUDENT'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ STUDENT'S SIGNATURE
_____ * SUPERVISOR'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ SUPERVISOR'S SIGNATURE
_____ * CO-SUPERVISOR'S NAME (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ CO-SUPERVISOR'S SIGNATURE (if applicable)
_____ * COMMITTEE MEMBER'S NAME	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ COMMITTEE MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE
_____ OTHER MEMBER'S NAME (Role: _____)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ OTHER MEMBER'S SIGNATURE

Anyone listed above who does not agree with the statements and evaluation in this Report must attach an explanation.

If any document has been attached to this report, please check here: ☐

In case of disagreement, the student or supervisor should consult the Unit's Graduate Program Director or a GPS Associate Dean.

GPD approval is required on all Progress Tracking Reports; attendance at meeting is not. If the GPD has signed above as the supervisor, a committee member or the unit representative replacing a committee member, the Chair must sign here.

GPD (Chair) Name: _____ Signature: _____

[Regulation on Conflict of Interest](#) - **If anyone checks YES, the form must be submitted to the Dean of GPS with an explanation. If there is any doubt, contact the appropriate GPS Associate Dean. For guidance on how to disclose a Conflict of Interest, click [here](#).

"Conflicts of interest may take various forms and may arise in various contexts. A potential conflict of interest will exist whenever a member of the University community is in a position to influence the conduct of research, academic, human resource, business, financial, governance or other matters in ways that could lead to personal gain for the member or a related party, or give improper advantage to others, to the detriment of the University or other members of the University community."

"The Regulation recognizes that the existence of a potential conflict situation does not necessarily connote misconduct or preclude the involvement of a member in the situation in which the conflict has arisen – provided the conflict is recognized, disclosed, assessed and addressed. However, it must be recognized that not all conflicts of interest, even if disclosed in a timely manner, will be permitted."