



PHD ADVISORY COMMITTEE REPORT

Research progress reporting was made mandatory by Senate (17 Sept. 2003). 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 filled in by the student prior to the Advisory Committee meeting, except for the last page which should be filled in 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: _____

PRINT

Date of the Meeting: _____ Program start date: _____
(term/year)

Advisory Report Number: This does NOT include previous M.Sc. Advisory Committee Reports.

#1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____

Is this an interim report after an unsatisfactory report?

Yes No

1. Objectives and timelines (for first report)/Objectives set at previous meeting (for second report and over)
(To be filled in by the Graduate Student- *Please type)

2. Objectives achieved (for second report and over)
*(To be filled in by the Graduate Student- *Please type)*

3. Objectives incomplete (for second report and over)
*(To be filled in by the Graduate Student- *Please type)*

4. Objectives and timelines for next year (for second report and over)
*(To be filled in by the Graduate Student- *Please type)*

5. Thesis submission timelines (for third report and over)

*(To be filled in by the Graduate Student- *Please type)*

6. Other Activities and Accomplishments. Courses completed and registered for:

*(To be filled in by the Graduate Student- *Please type)*

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

8. Funding (source, amount):

9. Prizes and Awards:

Overall Evaluation

To be filled in by the **Supervisor** at the Advisory Committee meeting. If the handwriting is illegible, the supervisor must type in the comments on a separate sheet and attach it to the original form. The typed sheet must also be signed by the Supervisor, the student, and the professors. ***An unsatisfactory meeting must lead to a follow-up progress tracking meeting, not sooner than 4 months after the first meeting and not later than 6 months after the first meeting.**

Excellent: ____ Very good: ____ Good: ____ Fair: ____ *Not Satisfactory: ____

*Specify the month of the follow-up meeting: _____

Explanation of Above Rating:

External Award Holders must complete this box and email a copy of the entire progress report to GPS Fellowships, 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 450 hours over a 12-month award period.
 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
 There were changes to my student status in the past year: _____

SIGNATURES (PLEASE PRINT NAMES):	<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
* Mandatory. Must be present to sign together.			
_____ * 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 NAME
_____ * 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 is the supervisor, 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.

"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."