



**Graduate Department of Nursing Science  
 Ph.D. Program**

**Record of PhD Supervisory Committee Meetings**

The supervisor is asked to send in this form after each Committee meeting. The supervisor and student should each keep a copy of the completed form for their records.

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To: Registrar, Lawrence S. Bloomberg Faculty of Nursing

Fax No. : (416)978-8222

Student's Name: \_\_\_\_\_

Date of Supervisory Committee meeting: \_\_\_\_\_

Progress since last meeting: Excellent\_\_\_\_\_ Satisfactory\_\_\_\_\_ Unsatisfactory\_\_\_\_\_

Summary of major issues and recommendations:

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Is the student s plan for course work appropriate to support thesis development?

Yes\_\_\_\_\_ No\_\_\_\_\_

Comments:

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Time line

- a. Dissertation proposal defence completed? Yes/No  
(If No) Estimated date for defence: \_\_\_\_\_
  
- b. Data collection completed? Yes/No  
(If No): Estimated date of completion: \_\_\_\_\_
  
- c. Final Departmental defence completed? Yes/No  
(If No): Estimated date: \_\_\_\_\_

Has there been any change in the Committee membership? If so, please list new members and members who are no longer on the committee. (Note: If any current committee member does not have a Faculty appointment and a full SGS appointment, please initiate the process as soon as possible.)

Was there a change in the thesis title as last reported? Yes/No  
if Yes, please list the new thesis title:

**Signatures:**

_____	Date: _____
(Student)	
_____	Date: _____
(Supervisor)	
_____	Date: _____
(Committee member)	
_____	Date: _____
(Committee member)	
_____	Date: _____
(Committee member)	