

**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.

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:

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

Yes_____ No_____

Comments:

Completion Pathway to Candidacy for Students beginning September 2013

a. Literature review paper Yes/No **If No-**Estimated completion date: _____

b. Required course work Yes/No **If No-** Estimated completion date: _____

c. Proposal defense Yes/No **If No-** Estimated completion date: _____

Completion Timeline

- a. Dissertation proposal defense Yes/No **If No**-Estimated completion date: _____
- b. Data collection Yes/No **If No**-Estimated completion date: _____
- c. Final Oral Exam Yes/No **If No**-Estimated completion date: _____

Committee Membership

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.)

Thesis Title Change

Please state any change in the thesis title as last reported. Please list the new thesis title:

Signatures:

_____ Date: _____
 (Student)

_____ Date: _____
 (Supervisor)

_____ Date: _____
 (Committee member)

_____ Date: _____
 (Committee member)

_____ Date: _____
 (Committee member)

Revised November 2013.