

Neuroscience and Mental Health Institute 2-132 Li Ka Shing Centre 112 Street & 87 Avenue Edmonton, AB Canada T6G 2E1

Report of Supervisory Committee Meeting or Thesis Proposal Meeting

NMHI Graduate Program

This form is to be completed and signed at the time of the meeting.

Student Name:	Date:
Supervisor Name:	Exam Chair:
Members of Supervisory Committee:	
Supervisory Committee:	Thesis Proposal Evaluation:
Performance of Student	
A well-written report was submitted to Committee Member advance of the meeting?	ers by the Student in Yes No
Outcomes (Thesis Proposal only)	
Proceed unconditionally	Repeat evaluation
Proceed conditionally	Unsatisfactory
Transfer to PhD Program	
General Performance of Student at the meeting:	
Excellent	Satisfactory
Very Good	Unsatisfactory
Good	

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Specific suggestions for improvement and comments regarding progress (use additional sheets if necessary)	
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We, the Members of the Supervisory Committee, concur with the contents of this report.	
Signatures:	
	
To be signed by the Student, signifying that this report has been read and acknowledged.	
Signature:	