

School of Nursing
Record of Graduate Thesis Supervisory Committee Meetings

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

To: Associate Director Graduate Studies

Student's Name: _____

Date of Supervisory Committee meeting: _____

Progress since last meeting: Excellent _____ Satisfactory _____ Unsatisfactory _____

Summary of major strengths, issues and recommendations:

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

Yes _____ No _____ Course Work Completed _____

Comments:

Time line:

- a. Dissertation proposal defense completed: Yes / No
(If No) Estimated date for defense: _____
- b. Data collection completed: Yes / No
(If No) Estimated date for completion: _____
- c. Analysis and writing: Advanced/Beginning
(Comment) _____
- d. Final departmental defense completed: Yes / No
(If No) Estimated date: _____

Has there been any change in the Supervisory Committee membership? If so, please list new members and affiliations and members who are no longer on the Committee.

(Note: Supervisors are responsible for ensuring that all Committee members have a current Faculty of Graduate Studies appointment; if unsure regarding someone's status check with the School of Nursing Graduate Programs Administrative Assistant).

Was there any change in the thesis title as last reported? Yes / No

If yes, please list the new title:

Signatures:

(Student)

Date:

([Co-]Supervisor)

Date:

(Co-Supervisor)

Date:

(Committee member)

Date:

(Committee member)

Date:

(Committee member)

Date:

(Community member)

Date:
