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| **Name of Student:**  **Student Number:** |
| **Meeting Date:** |
| **Program Area:** |
| Blood & Vasculature  Cancer & Genetics  Infection & Immunity  Metabolism & Nutrition  Physiology & Pharmacology |

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| 1. **Date of last meeting:** |
| **What progress has the student made since the last meeting?** |
| 1. **Research Progress:**   **(Please insert your name and check off your rating in the appropriate box below)** |
| Committee Chair’s name & rating:  Excellent  Satisfactory  Marginal  unsatisfactory  2nd committee member’s name & rating:  Excellent  Satisfactory  Marginal  unsatisfactory  3rd committee member’s name & rating:  Excellent  Satisfactory  Marginal  unsatisfactory  4th committee member’s name & rating:  Excellent  Satisfactory  Marginal  unsatisfactory |

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| 1. **What will the student do during the next six months?** (Course requirements/comprehensive examination/thesis work etc.) |
| 1. Anticipated date for: 2. Degree completion: 3. Transfer: |
| 1. Research Seminar: 2. Forum: 3. Date Completed: |
| 1. Comments: |

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| **SIGNATURES** |  |
| **Name:** | **Signature:** |
| Committee Chair: |  |
| 2nd Member: |  |
| 3rd Member: |  |
| 4th Member: |  |
| Student: |  |
| Area Coordinator (1st Meeting): |  |
| Area Coordinator: |  |

**PLEASE SUBMIT THE COMPLETED FORM ELECTRONICALLY TO THE MEDICAL SCIENCES PROGRAM OFFICE AT** [**medsci@mcmaster.ca**](mailto:medsci@mcmaster.ca)