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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 [ ]  unsatisfactory2nd committee member’s name & rating:  [ ]  Excellent [ ]  Satisfactory [ ]  Marginal [ ]  unsatisfactory3rd committee member’s name & rating:  [ ]  Excellent [ ]  Satisfactory [ ]  Marginal [ ]  unsatisfactory4th 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.)

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| 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**