

SUPERVISORY COMMITTEE REPORT FORM
 Department of Speech-Language Pathology

Signature Graduate Coordinator for approval: _____

Date: ____/____/20__

Date: ____/____/20__

Name Student: _____ Student #: _____

Thesis/topic title: _____

Supervisor name: _____

Program: ____ Date of Registration (M/Y): ____/____/____ Date last meeting: ____/____/20__

Date next meeting: ____/____/20__ Expected thesis completion date (M/Y): ____/20__

Course Requirements

of courses completed: ____ # of course credits in progress: ____ Minimum requirement met: ____

MSc students => Reclassification recommend: _ Yes; date: ____/____/20__ No _ N/A

PhD students => Comprehensive Exam completed: _ Yes: date: ____/____/20__ _ No

Research Requirements

	NEEDS IMPROVEMENT	FAIR	GOOD	VERY GOOD	EXCELLENT	N/A
General knowledge						
Research skills						
Methods/design						
Statistics						
Oral communication						
Written communication						
Progress to date						

Comments:

Achievements (since last meeting; include awards, publications etc.; also add single page progress report)

Perceived strengths and areas for development (could include suggestions for further coursework)

Signatures

Committee member #1 => Name: _____; Signature: _____

Committee member #2 => Name: _____; Signature: _____

Committee member #3 => Name: _____; Signature: _____

Committee member #4 => Name: _____; Signature: _____

Comments student:

Supervisor: _____ (I have reviewed assessment with student)

Student: _____