

Student ID# \_\_\_\_\_ First Name \_\_\_\_\_ Family Name \_\_\_\_\_

**Program** \_\_\_\_\_

Date student began PhD studies at McMaster: \_\_\_\_\_

Date of last Supervisory Meeting: \_\_\_\_\_

Date of This Meeting: \_\_\_\_\_

**All PhD students who have entered or transferred into the PhD effective January 1st or May 1st must have a PhD Supervisory Committee meeting completed no later than November 30th of that same calendar year; those entering September 1st must have at least one meeting by November 30th of the next calendar year.**

<b>COMPREHENSIVE REQUIREMENT</b>				
The School of Graduate Studies Calendar states that the Comprehensive Examination for full-time students will normally have taken place between 12 and 20 months from commencement of PhD studies with an upper limit of 24 months.				
Date Of Completion		Expected date of completion		

<b>RESEARCH ETHICS APPROVALS (<a href="http://www.mcmaster.ca/ors/ethics/faculty_intro.htm">http://www.mcmaster.ca/ors/ethics/faculty_intro.htm</a>)</b>		
Does research involve human participants, their records or tissues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, has approval been obtained from the research ethics board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does research involve animals or their tissues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, has approval been obtained from the research ethics board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>FIELD TRIPS</b>		
Does research involve international travel, which poses an identifiable additional risk under the university's risk management policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, has student completed risk management forms and obtained approval?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If a Request to be Full Time Off Campus form is needed are there plans for submitting it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please note: the relevant forms and instructions can be accessed here:  
 Main Risk Management Document:  
<http://www.workingatmcmaster.ca/med/document/RMM-801-Field-Trips-Student-Placements-and-Research-Activity-Planning-and-Approval-Program-1-36.pdf>  
 The supplementary risk management guidelines are here:  
<http://www.workingatmcmaster.ca/med/document/RMM-801-Program-Guideline-1-36.pdf>  
 The Request to be Full Time Off Campus form is here:  
[https://graduate.mcmaster.ca/sites/default/files/resources/full\\_time\\_off\\_campus\\_july\\_2016.pdf](https://graduate.mcmaster.ca/sites/default/files/resources/full_time_off_campus_july_2016.pdf)

**\*\*\*NOTES:**

- 1) Please note this form is not to be used to satisfy the annual supervisory committee meeting requirement but for a meeting upon returning from a leave of absence.

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**TO BE COMPLETED BY THE STUDENT and SUBMITTED FOR THE COMMITTEE MEETING**

Details of progress made since the last report (or toward meeting degree requirements since beginning the program if this is the first report), i.e., courses completed, comprehensive examination preparation/writing/oral defense, thesis proposal, research, chapters written/revised, conference presentations, publications:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisory Committee Members: Initial below to affirm that you have read the student's report on this page.

Supervisor: \_\_\_\_\_ Committee Member: \_\_\_\_\_ Committee Member: \_\_\_\_\_ Committee Member: \_\_\_\_\_

Student ID# \_\_\_\_\_

First Name \_\_\_\_\_

Family Name \_\_\_\_\_

**Supervisor's report** (This section must not be filled out by the student and must not be left blank.)

**Part A: Progress**

Progress made in accomplishing goals set out in last report (or toward meeting degree requirements since beginning the program if this is the first report):

(i.e., courses completed, comprehensive examination preparation/writing/oral defense, thesis proposal, research, chapters written/revise, conference presentations, publications).

**Committee's report: This section contains the assessment and recommendations of the supervisory committee**

**Part B Goals**

Specific goals for the next interval of \_\_\_\_ months (attach an additional page if necessary):

Anticipated date for the completion of degree requirements:

Date:

**Part C Areas for improvement and additional direction:**

**Additional comments regarding the impact of COVID restrictions on the research plan for the student:**

This completed report has been seen by me.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Chair's  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

The student may append additional comments. A student who thinks that s/he is receiving unsatisfactory supervision is urged to follow the recommended grievance procedure for the Department or Program and/or to contact the Department Graduate Advisor, Department/Program Chair, or the Associate Dean of Graduate Studies.