



Department of Microbiology and Immunology
Graduate Thesis Committee Meeting Report

Student name: _____ Program: (MSc, PhD, MD/PhD) _____

Thesis advisor: _____ Date: _____

Committee Members Present:

 Absent:

Note: this report is to be sent by the supervisor to ubcmicb-g-grad@mail.ubc.ca and copied to the student within a week of holding a committee meeting.

1. Progress satisfactory (Yes / No):
2. Committee recommends transfer to PhD program (Yes / No, if applicable):
3. Committee recommends student write thesis (Yes / No):
4. Expected time to next committee meeting (max. 12 months):

Summary of meeting including recommendations of the committee:

Student's Signature

Supervisor's Signature