



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](mailto: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**