



# UNIVERSITY OF ALBERTA

## Department of Psychiatry Report of Supervisory Committee Meeting (to be filled in and signed at the time of meeting)

**Name of Student:**

**Date:**

**Name of Supervisor:**

**Member of Supervisory Committee:**

**Performance of student:**

Was a written report submitted by the student to committee members in advance of the meeting?

Yes

No

**General performance of student at the meeting:**

excellent  very good  good  satisfactory  unsatisfactory

**Type of Meeting:**

Supervisory Committee

Thesis Proposal Evaluation (Thesis written report required)

**Specific suggestions for improvement and comments regarding progress to be added by the supervisor (use additional sheets if necessary):**

**We, the members of the supervisory committee, concur with the contents of this report.**

**Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**To be signed by the student, that s/he has read this report.**

\_\_\_\_\_