



Department of Integrative Biology
ADVISORY COMMITTEE MEETING REPORT FORM

Student Name:

Student ID Number:

Degree:

Meeting Date:

Semester level:

Attach a one-page timeline for continuation/completion of the thesis project to this completed form and return to the Integrative Biology Graduate Program Assistant, Lori Ferguson, SSC2483.

The undersigned, as members of the Advisory Committee for the above-named candidate, certify that the candidate has an acceptable plan and time-line for continuation/completion of the degree program in 6 semesters (MSc) or 12 semesters (PhD) or 15 semesters (PhD transfer):

Name	Signature

****Department of Integrative Biology ONLY:**

Date Received:

All Grads File:

Concerns:

Received by: