



Department of Integrative Biology  
**ADVISORY COMMITTEE MEETING REPORT FORM**

Student Name:

Student ID Number:

Degree:

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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

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

Date Received:

All Grads File:

Concerns:

Received by: