



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, Sarah Erbarescu, SSC2483 or cbsib@uoguelph.ca.

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: