

## Ph.D. Advisory Committee Assessment Form

### DEPARTMENT OF STATISTICS

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date of First Registration in Ph.D. Program: \_\_\_\_\_ (dd/mm/yy)

Date of Last Committee Meeting: \_\_\_\_\_ (dd/mm/yy)

Expected Date of Completion: \_\_\_\_\_ (dd/mm/yy)

Research Thesis / Topic : \_\_\_\_\_

Completed Comprehensive Examinations :        Yes        No

Completed Course Requirements :        Yes        No

<b>Completed Courses and Grades</b>		
Course Number	Course Name	Grade Achieved

<b>Assessment of Student's Progress</b>					
	Superior	Very Good	Good	Adequate	Needs Improvement
Knowledge of thesis area					
Initiative					
Independence in Research					
Oral Communication					
Written Communication					

**Additional Comments:**



**Suggestions for improvement of weaknesses** (add additional pages if necessary):

**Committee Recommendations:**

Adequate progress has / has NOT been demonstrated by the student

The next committee meeting should be held in \_\_\_\_\_ months

Tentative date: \_\_\_\_\_ ( dd/mm/yy )

We confirm that this document accurately reflects the discussion and recommendations of this committee:

Committee Members		
Name	Signature	Date (dd/mm/yy)

**For the Student:**

I confirm that this document accurately reflects the discussion and recommendations of my Advisory Committee at this meeting:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)

Comments by Student:

Signature of Chair / Designate: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yy)