

All students are required to meet with their Supervisory Committee at least once every academic year. It is compulsory to complete one form for each meeting and it is the student's responsibility to ensure that it is completed, signed and submitted to the Graduate Department of Kinesiology (grad.kpe@utoronto.ca /BN132). For full details, please visit the [SGS Supervision Guidelines for Students](#) webpage.

SECTION 1: STUDENT INFORMATION

| | |
|-----------------------------|--|
| Student Name: | Student Number: |
| U of T Email: | Program: MA MSc PhD Direct-Entry |
| Year of Entry into Program: | Expected Month/Year of Completion: |
| Thesis Title: | |

SECTION 2: STUDENT PROGRESS

| All Completed Courses and Grades to Date | | |
|--|-------------|----------------|
| Course Number | Course Name | Grade Achieved |
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| Key Dates | | | | |
|----------------------------|-----|----|-----|------------------|
| Comprehensive Examination: | | | | |
| Proposal Defence: | | | | |
| Ethics Complete: | Yes | No | N/A | Submission Date: |
| Thesis Title: | | | | |

SECTION 3: RECORD OF MEETING

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| Date of meeting: |
| Describe the student's progress in their program during the past academic year: |
| List any academic and/or professional development achievements accomplished by the student during the past year (conference presentations or attendance, publications, training, etc.): |



| | | |
|--|-------------|------------|
| Describe the student's next steps: | | |
| Has adequate progress been demonstrated by the student? Yes No | | |
| Supervisor: | Department: | Signature: |
| Co-Supervisor (if applicable): | Department: | Signature: |
| Committee Member: | Department: | Signature: |
| Committee Member: | Department: | Signature: |

If a committee member is unable to attend the meeting in person, they may send an email message, to be printed and attached to this form, indicating that they have read and agree with the information on this form.

NEXT COMMITTEE MEETING DATE (tentative):

SECTION 4: STUDENT ACKNOWLEDGMENT

| | |
|--|-------|
| I CONFIRM THAT THIS DOCUMENT ACCURATELY REFLECTS THE DISCUSSION AND RECOMMENDATIONS OF MY SUPERVISORY COMMITTEE AT THIS MEETING | |
| Signature: | Date: |
| Comments by Student (optional): | |

SECTION 5: DEPARTMENT APPROVAL

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|------------------------------|-------|
| Administrative Signature: | Date: |
| <i>Office Use Only</i> | |
| <i>Date entered in ROSI:</i> | |