Ph.D. Terminal Committee Meeting Report

To be filled out by student:

Student Name: ___________________________ Date of Meeting: ___________________________

Supervisor: ___________________________ Committee Members: ___________________________

I understand that no more experiments are to be done until I:

1. Have a complete draft of my thesis approved by my committee; AND
2. Submit a completed “Request to Schedule a PhD Oral Examination” form to the graduate administrator.

Yes _______ No _______

The following courses have been competed:

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<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>MMG 1012H</td>
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<td>MMG 1015Y</td>
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<td>MMG 1016H</td>
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<td>MMG 1017H</td>
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To be filled out by Supervisory Committee:

Student’s thesis outline is attached: _________ yes _________ no

The undersigned have approved the thesis format and content for the above student. The undersigned agree that no more experiments are to be done by the student until:

1. The thesis is approved by the committee; AND
2. A completed “Request to Schedule a Ph.D Oral Examination” form is accepted by the graduate administrator.

It is understood that the student now has permission to write his/her thesis and has no more than 6 months to complete the above time-line.

Name: ___________________________ Signature: ___________________________ Date: ___________________________

Name: ___________________________ Signature: ___________________________ Date: ___________________________

Name: ___________________________ Signature: ___________________________ Date: ___________________________

Name: ___________________________ Signature: ___________________________ Date: ___________________________

Name: ___________________________ Signature: ___________________________ Date: ___________________________

FACULTY OF MEDICINE
Medical Sciences Building, 1 King's College Circle, Room 4396, Toronto ON M5S 1A8 Canada
Fax: +1 416 978-6885 • http://www.moleculargenetics.utoronto.ca