

Department of Civil Engineering University of Toronto Ph.D. Advisory Committee Assessment Form

Doctoral students must meet at least annually with their committee and submit this form to the Academic Office GB105.

Student: _____ U of T Student ID: _____

Research Topic: _____

Date of Advisory Committee Meeting: _____ Location: _____

Committee Members

Supervisor: _____ Other Member(s): _____

1. Review of Department Policies on Advisory Committees by Chair (see appropriate Departmental documentation).
2. Brief Student Record: (to be completed by Graduate Office)
 Date of First Registration in Program: _____
 Date of Last Advisory Committee Meeting: _____
 Courses Completed and Grades: (see attached transcript)

 Course work completed: Yes No
3. Review recommendations of previous Advisory Committee(s) (reports attached)
4. Has the candidate demonstrated adequate progress in the research?

 Yes No
5. Committee's assessment of student's progress, abilities, and proposed work. This summary should be discussed with the student.

	outstanding	very good	good	satisfactory	weak
knowledge of the literature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
critical analysis/interpretation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
design of experiments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
problem solving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
laboratory skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
originality/creativity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
industry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
self-reliance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oral communication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
written communication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
collaboration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Suggestion(s) for improvement of weak areas: (add additional pages if necessary)

7. Recommendations for personal and professional development:

8. Recommendation: The Candidate:

- may proceed as per 5 above may begin to write thesis may proceed to departmental oral

- has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next reading committee meeting may result in termination of registration. has not demonstrated adequate progress. Registration in the program should be terminated.

9. The Advisory Committee should meet in the next: 6 months 9 months 12 months

Tentative date: week of _____

Signature of Chair of Advisory Committee (Supervisor):



FOR THE STUDENT:

10. This document accurately reflects the discussion and recommendation at this meeting of my Advisory Committee.

Signature of Student:

Date:

Additional comments by committee/student: