

9 \$QQXDO 3URJUHVV 5HSRUW

Mandatory for all

9 \$QQXDO 3URJUHVV 5HSRUW

Section I: To be completed by the Candidate

LAST NAME, Given Names:	
Student No:	Degree: LLM OR PhD
Date of Entry into the Graduate Program:	
Mailing Address:	
Home Phone:	Work Phone:

Please answer the following questions:

1.

9. Do you wish to comment on any aspect of your supervision during the past year? If you wish to do so on a confidential basis, please submit your comments to the Graduate

Section IIa: To be completed by the Supervisor/Co-supervisor

Name: _____

Student Name: _____

* Supervisor OR Co-supervisor

*This should have been determined prior to your addition to the committee. For a list of duties required of each role, refer to the Guidelines for Supervisory Committees .

1. How often did you meet with the candidate during the past year?

2. Do you have any comments on the candidate's attached thesis/dissertation completion timetable and statement of progress (Question 4 of Section IV.i0006 Tc 05019 Section 4 of Sf -0.0012 Tc 0 eu 8.15)

Section IIb: To be completed by the Member/Co-supervisor

Name: _____

Student Name: _____

* Member OR Co-supervisor

*This should have been determined prior to your addition to the committee. For a list of duties required of each role, refer to the Guidelines for Supervisory Committees .

1. How often did you meet with the candidate during the past year?

2. Do you have any comments on the candidate's attached thesis/dissertation completion timetable and statement of progress (Question 4 of Section I)?

3. Are you aware of any difficulties that are interfering with the candidate's progress?

4. Expected date of completion?

5. If you see any problems with the candidate's progress and completion, have you discussed these with the candidate and achieved a resolution?

6. Please add any other comments you may have on the candidate's work and rate of progress.