THE UNIVERSITY OF BRITISH COLUMBIA DEPARTMENT OF PHYSICS AND ASTRONOMY

PH.D. COMMITTEE REPORT

(This form is to be submitted after each meeting of the student's supervisory committee)

SUPERVISC	ORY COMMIT	TTEE MEE	ΕΤΙ	ING									
Date of thi	is Committe	e Meeting) (y	yyy/mm/dd):									
STUDENT IN	NFORMATIO	N											
Student Name: Date of start of PhD Program:							Student Number: Direct transfer from M.Sc.? yes no						
Chair (Sup	pervisor, or A	Academic	C	o-superviso	r):								
Research	Co-supervis	or (if app	ro	priate):									
Members:													
Members	not present:												
	FORMATION	· · · · · · · · ·			, 		1					I	
COURSE	CREDITS	GRADE	(COURSE	CREDIT	rs —	GRADE		COURSE	CRED	ITS ——	GRADE	
								Ц					
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								Ц					
								Ц					
If PHYS 500	is not on this	s list, pleas	se	explain:									
List courses	that the stude	ent plans	to 1	take, if know	n:								
CANDIDAC	Y PROGRES	S											
Has the stu	dent advance	ed to cand	lida	acy? (If not, p	olease co	mp	olete ques	tio	ns below)	☐ yes		no	
Has the comprehensive exam been passed?									oral	☐ yes		no	
Is the coursework complete?										☐ yes		no	
Has the thesis proposal been accepted by the committee?									☐ yes		no		
Recommendation for Advancement to Candidacy form submitted?									ges	Γ	no		

Form: PHAS-GR-003

THE UNIVERSITY OF BRITISH COLUMBIA



Date (yyyy/mm/dd)



Signature

RESEARCH PROGRESS		
Please describe briefly the student's progress during since the previous meeting. If the sadvanced to candidacy, please indicate when and how the requirements will be completed on course and program requirements please refer to www.phas.ubc.ca/graduate)		
Please describe any serious reservations expressed by any member of the committee.		
Does the committee recommend that the student continue in the Ph.D. program?	☐ yes	☐ no
THESIS PROPOSAL		
Please complete if the student has presented a thesis proposal at this meeting. If the the accepted by the committee, a copy of the proposal must be attached.	esis propos	al is
Does the committee accept the student's thesis proposal (attached)?	☐ yes	☐ no
APPROVALS		
Supervisory Committee Chair:		
Signature Name (Please Print)	Date (yyyy	/mm/dd)
Graduate Program Advisor:		

(Copies of this report are to be provided to the student and all committee members)

Name (Please Print)