



Thesis Committee Meeting Report

Student Name:

Student Number:

Degree:

Date of Entry to program:

Supervisor:

Signature:

Committee Meeting Date:

Progress to Date:

Acceptable

☐ Unacceptable

Thesis Committee:

Type the Name of Members

Attendance:

Check if present

1.

2.

3.

4.

Summary of Thesis Committee: (Additional pages may be required)

Return the form to Graduate Program Coordinator: gsatgrad@msl.ubc.ca