

**Annual Report Deadline: June 30, 2026**

**A SUPERVISORY COMMITTEE MEETING MUST BE HELD IN CONJUNCTION WITH COMPLETION OF THIS FORM.**

**Please attach the following documents to this form:**

- Student's name should appear on the top of each attached page.
- **Research Progress Report** written by the student (2-5 Pages). Include hypothesis, predictions, tests, data & interpretation.
- **Committee's written evaluation** of student performance, progress and annual report.
- List of publications.
- List of scientific meetings attended.

### **THIS SECTION TO BE COMPLETED BY THE STUDENT**

Student: \_\_\_\_\_ Student No. \_\_\_\_\_

Date of this committee meeting: \_\_\_\_\_ Date of previous meeting: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Co-Supervisor (if any): \_\_\_\_\_

Current Program (MSc / PhD): \_\_\_\_\_ Program Start Date: (MM/YYYY) \_\_\_\_\_

Anticipated Date of Degree Completion: (MM/YYYY) \_\_\_\_\_

**Title of research project:** \_\_\_\_\_

#### **Seminars Attendance:**

Departmental Seminars Attended: \_\_\_\_\_ (number per year)

Other Seminars Attended: \_\_\_\_\_ (number per year) Location(s): \_\_\_\_\_

#### **Coursework and Grades:**

PSL1066H - CIHR Research Grant Proposal (*if applicable*): ( date or anticipated date of completion) \_\_\_\_\_

Other graduate courses & grades: \_\_\_\_\_

### **FINANCIAL INFORMATION FOR THE ACADEMIC YEAR**

( \_\_\_\_\_ – Aug 31, 2026 )

\* Please refer to your [GEMS agreement](#) for details.

#### **FULL NAME OF EACH SCHOLARSHIP / AWARD HELD BY STUDENT**

Name of Award: \_\_\_\_\_ \$

Administered at (UofT Campus or name of Hospital): \_\_\_\_\_

Name of Award: \_\_\_\_\_ \$

Administered at (UofT Campus or Name of Hospital): \_\_\_\_\_

Name of Award: \_\_\_\_\_ \$

Administered at (UofT Campus or Name of Hospital): \_\_\_\_\_

#### **STUDENT'S STIPEND PAID FROM YOUR SUPERVISOR'S GRANT**

Name of Grant (e.g. CIHR, NSERC, HSFO, etc.): \_\_\_\_\_ \$

Administered at (UofT Campus or name of Hospital): \_\_\_\_\_

**TOTAL FUNDING RECEIVED BY THE STUDENT** \_\_\_\_\_ \$

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### THIS SECTION TO BE COMPLETED BY THE SUPERVISORY COMMITTEE.

RANKING	INADEQUATE 1	MARGINAL 2	GOOD 3	VERY GOOD 4	EXCELLENT 5
<b>KNOWLEDGE BASE</b>					
Specific Research Area _____	Knowledge of area weak. Not familiar with hallmark articles. Function hampered by lack of concepts.		Understands major concepts. Familiar with current literature. Good working knowledge understands basic principles of specific research area.		Superior. Up to date on most literature in the field. Commanding grasp of concepts. Aware of latest advances.
General Research Knowledge _____	Poor grasp of fundamental research concepts. Cannot function well, even with guidance, due to poor understanding of scientific inquiry.		Has fundamental grasp of research concepts. Functions at appropriate level. Has basic understanding of principles of scientific inquiry.		Superior understanding of concepts. Functions in most circumstances. Consistently solves problems using solid principles of scientific inquiry.
<b>RESEARCH SKILLS</b>					
Hypotheses Formulation _____	Unable to apply basic knowledge to formulate testable hypotheses.		Formulates hypotheses that need limited revision and follow directly from previous results or widely available data.		Formulates clear hypotheses which suggest subsequent experiments; is able to synthesize knowledge to permit novel perspectives.
Ability to Interpret Data and Generate Conclusions _____	Displays limited abilities to interpret data; draws inappropriate or wholly unsubstantiated conclusions.		Understands how data supports or refutes experimental hypothesis and interprets results in like of which has been previously demonstrated.		Demonstrates ability to interpret results and to discriminate erroneous data from novel observations. Displays ability to integrate findings in context of both supportive and contradictory data.
<b>PRESENTATION SKILLS</b>					
Committee Presentation _____	Presentation skills could use improvement. Questions were not handled well.		Presentation was satisfactory, but could use some work on answering questions.		The presentation was excellent and clear. Questions were answered appropriately for their level in program.

### THIS SECTION TO BE COMPLETED BY THE SUPERVISORY COMMITTEE

<b>Please circle each answer as applicable.</b>	
Yes No	This student is making good progress and will continue working towards completion of a MSc or PhD degree. (Any concerns must be documented in the comments from the committee).
Yes No	The <b>student's research progress report</b> is attached. If not, please explain.
Yes No	The student has received a copy of the <b>Committee's written evaluation*</b> , including recommendations made to the student and comments about areas of concern. If not, please explain.
Yes No	<b>The student received an opportunity to discuss their program and/or progress with the supervisory committee members only.!</b>
Yes No N/A	The student will <b>begin writing</b> , or is in the process of writing, his/her thesis. Anticipated date of Thesis Defense: _____
Yes No N/A	The committee recommends that this student be <b>transferred from the MSc to PhD</b> program. A detailed explanation for this request is attached. A <i>Transfer Exam Committee</i> will be organized pending approval of the Graduate Studies Committee.
Yes No N/A	The committee recommends that this student be <b>back transferred from the PhD to MSc</b> program. A detailed explanation for this request is attached. The transfer will take place pending approval of the Graduate Studies Committee.
Yes No N/A	The committee has read and approved the student's completed thesis and recommends <b>going forward to thesis defense</b> .

**Annual Report Deadline: June 30, 2026****COMMITTEE'S COMMENTS**

Please write below or attach a separate page. Include recommendations made to the student and comments about areas of concerns.

**STUDENT: (PRINT)****SIGNATURE:****SUPERVISOR: (PRINT)****SIGNATURE:****CO-SUPERVISOR: (PRINT) (if applicable)****SIGNATURE:****COMMITTEE MEMBER: (PRINT)****SIGNATURE:****COMMITTEE MEMBER: (PRINT)****SIGNATURE:****COMMITTEE MEMBER: (PRINT)****SIGNATURE:**