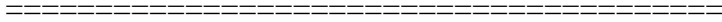


SUPERVISORY COMMITTEE ASSESSMENT REPORT



Name of Student _____ Candidate for _____ Date _____

Year of Initial Registration _____ Supervisor _____

PROGRESS REPORT -

Thesis Topic

Courses Completed to Date and Available Marks

Progress on Thesis Research

Progress Rated: Satisfactory [] Unsatisfactory [] Conditional []

ACADEMIC COMPETENCE:

Please provide, a general evaluation of the academic competence of the student detailing particular strengths or weaknesses.

(Please turn over)

Please list members of the **Supervisory Committee** with Departmental affiliations.

1. _____
2. _____
3. _____
4. _____

Signed: _____ [Supervisor]

_____ [Supervisory Cmte. Member]

_____ [Supervisory Cmte. Member]

_____ [Supervisory Cmte. Member]

_____ [Student's Signature]

STUDENT'S COMMENTS:

Please note that the student may wish to think about what to say in this section and should be allowed to take the form away before returning it to the supervisor.

**FORWARD ORIGINAL SIGNED FORM TO THE GRADUATE ASSISTANT
AND GIVE ONE COPY TO THE STUDENT**