

**FACULTY OF DENTISTRY UNIVERSITY OF TORONTO**

**GRADUATE ADVISORY COMMITTEE FORM**

Name of student: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

**DEGREE PROGRAM:**

**Doctoral Stream:**

• Ph.D. \_\_\_\_\_ M.Sc. \_\_\_\_\_

**Specialty:**

• Ph.D. \_\_\_\_\_ M.Sc. \_\_\_\_\_ Coursework/Thesis Option \_\_\_\_\_

**Discipline:** \_\_\_\_\_

**MONTH AND YEAR PROGRAM BEGAN:** \_\_\_\_\_

Title of research project/research practicum: \_\_\_\_\_

APPEND MOST RECENT PROJECT PROPOSAL OR PROGRESS REPORT THAT WAS PRESENTED TO THE ADVISORY COMMITTEE BY THE STUDENT

**Committee Signatures:**

Supervisor: \_\_\_\_\_  
Name Signature

Members: \_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

Student's  
Signature: \_\_\_\_\_  
Date

**TO THE STUDENT: THERE IS A SECTION IN WHICH YOU MAY MAKE COMMENTS ON THIS REPORT – PLEASE SEE PAGE 6**

**SCHOLARLY REVIEW OF STUDENT’S PROPOSAL**

\_\_\_\_\_ The research has undergone scholarly review by the financial sponsor (e.g., government funding agency, pharmaceutical sponsor) prior to this submission for ethical review

Agency\_\_\_\_\_

**Attach copy of proposal/relevant section of the proposal**

\_\_\_\_\_ The proposal was reviewed and judged to have scientific merit at a previous Advisory Committee meeting

\_\_\_\_\_ The proposal was reviewed/**reviewed again** at this meeting

**Complete evaluation matrix below:**

	<b>Originality</b>	<b>Objectives /Hypotheses</b>	<b>Research design/Plan</b>	<b>Data collection methods</b>	<b>Data analysis</b>	<b>Significance</b>
<b>Outstanding</b>						
<b>Acceptable</b>						
<b>Needs revision</b>						

**Evaluation:**

\_\_\_\_\_ Approve

**Attach copy of proposal**

\_\_\_\_\_ Revisions needed, approval pending

**Note: In order for the student to be eligible for funding by the Graduate Department, evidence of approval of scientific merit must be on file**

**PROPOSED TIMETABLE FOR RESEARCH/PRACTICUM - M.Sc. Specialty Students:**

***Proposed number of days for research:***

Year 1 \_\_\_\_\_ Days per week

Year 2 \_\_\_\_\_ Days per week

Year 3 \_\_\_\_\_ Days per week

**COURSE REQUIREMENTS:**

***Has the student fulfilled the coursework requirements?:***

Ph.D.: One full course and Seminars in Oral Health Sciences (DEN 1100Y)

M.Sc.: One half course and Seminars in Oral Health Sciences (DEN1001Y)

M.Sc. Specialty Coursework Option 3 one half courses plus the research practicum

Yes \_\_\_\_\_ No \_\_\_\_\_

***List courses completed and/or in progress:***

_____	_____
Course	Grade
_____	_____
Course	Grade
_____	_____
Course	Grade
_____	_____
Course	Grade

The Committee approves these courses as appropriate for fulfilment of coursework requirements (Yes/No) \_\_\_\_\_

The Committee recommends that the following course(s) should be added:

\_\_\_\_\_  
\_\_\_\_\_

**SECTIONS A to E MUST BE COMPLETED**

**A) Document what the student has completed on the research by noting specific details of progress and accomplishments since the last meeting:**

---

---

---

---

**B) Describe work to be completed by the next meeting:**

---

---

---

---

**C) Strengths/weaknesses and areas needing improvement:**

	<b>Improvement Needed</b>	<b>Satisfactory</b>	<b>Very Good</b>	<b>Exceptional</b>
Reading in the area or related areas:	_____	_____	_____	_____
Ability to interpret:	_____	_____	_____	_____
Technical abilities:	_____	_____	_____	_____
Ability to design experiments:	_____	_____	_____	_____
Productivity/ability to complete experiments:	_____	_____	_____	_____
Ability to discuss results clearly:	_____	_____	_____	_____
Keeps clear records:	_____	_____	_____	_____
Ability to write:	_____	_____	_____	_____

**D) Overall progress towards completion of the program:**

- Needs improvement \_\_\_\_\_
- Satisfactory \_\_\_\_\_
- Very good \_\_\_\_\_
- Exceptional \_\_\_\_\_

***Provide details to substantiate the above ratings:***

---

---

---

---

---

***Special advice given to the student:***

---

---

---

**E) Recommended date for the next meeting:\_\_\_\_\_**

***Please indicate publications arising from the thesis work, which are submitted, in press, or published in peer-reviewed journals:***

---

---

---

***Has the student presented aspects of the thesis work at national or international research meetings: Where and when?***

---

---

---

**ASSESSMENT OF STUDENT SEMINAR PRESENTATION FOR SEMINARS IN ORAL HEALTH SCIENCES**

1. Attendance/participation in the Faculty of Dentistry Seminars in Oral Health Sciences seminars:

Unsatisfactory: \_\_\_\_\_ Satisfactory: \_\_\_\_\_

2. Evaluation of student's own annual research seminar presentation or presentations (local and meetings). Please advise date when the student will conduct his/her seminar presentation.

• Date(s) Given and Where: \_\_\_\_\_

• Organization:                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Needs                      Satisfactory                      Very Good                      Exceptional  
   Improvement

• Presentation (clear, audible, visual material – slides, etc.):

   \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Needs                      Satisfactory                      Very Good                      Exceptional  
   Improvement

• Presentation (critical evaluation of data):

   \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Needs                      Satisfactory                      Very Good                      Exceptional  
   Improvement

• Ability to answer questions:

   \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
   Needs                      Satisfactory                      Very Good                      Exceptional  
   Improvement

• Other comments on seminar style: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Attendance and participation at other seminars in the Faculty of Dentistry and in other Departments of the University of Toronto:

Unsatisfactory: \_\_\_\_\_ Satisfactory: \_\_\_\_\_

**STUDENT COMMENTS ON ANY ASPECT OF THIS EVALUATION OR ON THEIR PROGRAM OF STUDY IN GENERAL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_