**Report of Advisory Committee Meeting – APPROVAL OF PROGRAM OF STUDIES**

**Student:**

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**Program:**

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**Start date:**

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**Committee meeting date:**

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**Location:**

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| **MEETING ATTENDANCE** |
| **Chair of the Meeting** |  |
| **Supervisor(s)** |  |
| **Other Committee Members Present** |  |
| **Committee Members Absent** |  |
| **Other Individuals Present** |  |

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| **MEETING MINUTES****(Including comments and recommendations)** |

The Chair welcomed everyone to the meeting and introductions were made. The following documents were reviewed:

* The College of Pharmacy and Nutrition Graduate Student-Supervisor Agreement was discussed and will be signed by the student and supervisor after review and consultation.
* The student’s Program of Studies as recorded on the PN-200 Program of Studies Form was discussed and approved by the committee.

Copies of both documents will be placed in the student’s file.

**NOTES:**

Meeting was adjourned.

**Signature of meeting Chair:**

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 **Date:**

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 **Distributed on:**

**This form is completed at the time of the advisory committee meeting and is submitted to the CGSR via Advisor Services. Copies are provided to the student and all advisory committee members via email.**

**Form Revised April 2019**

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