



Chemical Engineering & Applied Chemistry  
UNIVERSITY OF TORONTO

**Ph.D. Reading Committee Meeting Assessment Form**

**Student Name:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

1. Review of Departmental Policies on Reading Committees by Chair (see attached document)

2. Brief Student Record:

Number of years in the program: \_\_\_\_\_

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

Course Record: # of courses required: \_\_\_\_\_ ; # of courses completed: \_\_\_\_\_

For details, please see attached.

3. Review recommendations of previous Reading Committee(s) (see attached).

4. Summary of the Committee's assessment of student's performance

	outstanding	very good	Good	satisfactory	weak
critical analysis					
design of research projects					
problem solving					
Laboratory skills					
Originality/creativity					
Industry					
self-reliance					
communication: oral written					
collaboration					

Suggestion(s) for improvement of weak areas:

Note: This summary should be discussed with the student

5. Recommendation: The candidate

	may proceed as per 4 above
	may begin to write thesis
	may proceed to Departmental oral
	may skip Departmental oral and proceed directly to the SGS oral (note: this recommendation is typically made for outstanding candidates)
	has not demonstrated adequate progress. Failure to demonstrate satisfactory progress by the next reading committee meeting may result in termination of registration.
	has not demonstrated adequate progress. Registration in the program should be terminated.

The Reading Committee should meet in the next

	Three months. Tentative date: week of _____
	Six months. Tentative date: week of _____
	Nine months. Tentative date: week of _____

6. If the number of years in the program is 3.5 or more, the student should consult with the reading committee and submit a "plan to complete" to the Graduate Office within a week after the meeting. The plan should be less than one page long and include the tentative date of departmental oral.

7. Signature of Chair of Reading Committee: \_\_\_\_\_

8. **FOR THE STUDENT:**

This document accurately reflects the discussion and recommendations at this meeting of my Reading Committee.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments by committee/student:

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