



Care & Rehabilitation Sciences

Thesis Meeting Report Form

Name of student:

Date of meeting:

Participating members of the thesis committee:

Chair:

Number of meeting: First Second Third Later:

Did the student meet the requirements? Yes No

Is a repetition planned? Yes No

Did the student mention during the meeting the wish to talk to the committee members without their supervisor being present? Yes No

If yes, did the student get the opportunity to talk to the committee members without their supervisor being present? Yes No

Did the student feel the need to speak with the PhD Program Coordinator after the meeting? Yes No

Did the student feel the need to speak with the PhD Program Lead after the meeting? Yes No

Comments:

Is this the last meeting before the defense?

Yes No

If yes, does the committee agree that the project has reached the stage where a thesis can be written and that the student has a sufficient knowledge of his/her field to successfully defend the thesis?

Yes No

If yes, what is the approximate date of the defense?

If no, what does the thesis committee recommend?

Names and Signatures

Chair:

Direct Supervisor:

Student: