PROSPECTUS MEETING
Faculty of Rehabilitation Medicine

Information and Instructions:

This form is to be completed and signed after the prospectus meeting. The recommendation can be circled and suggested revisions attached. Please return the form to the Graduate Studies Administrative Assistant.

The committee may make one of the following three recommendations.

☐ **Approve** – research can commence

☐ **Approve with revisions** – research can commence once the revisions are addressed. Suggested revisions are relatively minor. The supervisor will work with the student to make the changes.

☐ **Approval withheld** – changes/concerns are such that the committee recommends a 2nd prospectus meeting once the documented changes/concerns have been addressed.

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1. Full Name of Student:

2. Program: ☐ MSc ☐ PhD ☐ MScSLP/PhD ☐ MScPT/PhD

3. Date of Meeting:

4. Title of Proposal:

Committee Chair & Supervisor (Print Name) Signature

Committee Member (Print Name) Signature

Committee Member (Print Name) Signature

Committee Member (Print Name) Signature