UNIVERSITY OF WATERLOO | Department of Systems Design Engineering

Annual Progress Meeting with Advisory Committee I

Surname: _____ Given Name(s): _____

Program: _____ ID#: _____

Supervisor(s): _____

Program Admission Date: _____ Current Term: _____

Proposal Title: _____

Date, Time, Location _____

Decision: Annual Progress Meeting with Advisory Committee I

Indicate category and required information

CATEGORY 1 ☐ **Candidate is making good progress and should continue with their plans**

Full Name	**Signature**

All Signatures Required

CATEGORY 2 ☐ **Candidate has made sufficient progress and must take action to improve or respond to recommendations by the committee**

Recommendations to be met by: (Required) _____ (mm/dd/yy)

The supervisor(s) must review and approve the response to the recommendations (Required):_____

List the recommendations that must be met by the candidate (Required):

UNIVERSITY OF WATERLOO | Department of Systems Design Engineering

Annual Progress Meeting with Advisory Committee I

Surname: _____ Given Name(s): _____

Program: _____ ID#: _____

CATEGORY 2 Committee sign off

Full Name	**Signature**

All Signatures Required

CATEGORY 3 ☐ **Candidate has made insufficient progress and remedial action is required within four months**

Student must meet the conditions and provide a report by (Required): _____
(mm/dd/yy)

List the conditions that must be met by the candidate:

Full Name	**Signature**

All Signatures Required

_____ _____

Signature of Associate Chair, Graduate Studies **Date**