UNIVERSITY OF BRITISH COLUMBIA

DEPARTMENT OF ANESTHESIOLOGY, PHARMACOLOGY AND THERAPEUTICS (APT)

**Minutes of supervisory committee meeting**

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| --- | --- | --- |
| **Name of student:** |  | |
| **Degree (MSc/PhD)** |  | |
| **Start date:** |  | |
| **Name of supervisor** |  | |
| **Supervisory committee members** |  | |
| **Chair of the meeting** |  | |
| **Date of committee meeting** |  | |
| **Courses completed (credits)** |  | |
| **Research project** | | |
| **Title of project** |  | |
| **Conference attended (if any)** |  | |
| **Publications** |  |

**Chair’s Comments:**