UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Report of Final Advisory Committee Meeting

		Name	Signatures (to indicate approval of below)
Student:		_____	_____
Committee:	**Supervisor:**	_____	_____
	Members:	_____	_____
		_____	_____
		_____	_____

Final Dissertation Review

1. Dissertation initially circulated to Committee on: _____

2. Advisory Committee Meeting held on: _____

3. Dissertation is acceptable:
_____ as is
_____ with minor corrections
_____ with major modifications
_____ with minor modifications

4. Another meeting required to see final dissertation:
_____ yes
_____ no

5. If no, staff member to see that corrections are made: _____ _____

6. Dissertation recommended for examination on: _____

7. Comments: _____

_____

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