



Institute for the History & Philosophy
of Science & Technology
UNIVERSITY OF TORONTO

The office of the Director of Graduate Studies

Program Faculty Advisor Form

*Pursuant to the DGS MEMO 11/2017 dated August 18, 2017, every student entering the graduate program of the IHPST will be assigned a program faculty advisor. This form documents the interaction of the program faculty advisor and the student at the beginning of every academic year until a supervisor is chosen. It is **due by the end of the first week of class in the fall term. It is the responsibility of the student to submit the form.***

NAME & STUDENT #: _____

Name of Student Mentor _____

Name of Program Faculty Advisor _____

Program faculty advisor, please check and sign:

I have met with the student in person _____

I have discussed with the student his graduate program, including the language requirement and HPS1100Y (if applicable) _____

I have discussed with the student his funding letter _____

I have advised the student about the IHPST's expectation to apply for an OGS and SSHRC (domestic students only) _____

I have advised the student that Wednesday afternoons are to be reserved for IHPST community activities and events _____

I have advised the student about my times of availability and my email policy _____

The student proposed a course selection for the academic year of 2017-18 which I have reviewed and which

I deem appropriate _____

I deem inappropriate _____

The student and I agreed to a meeting schedule _____

I recommend that the student meet with the DGS _____

Notes:

Signature and Date



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