

DEPARTMENT OF ANATOMY & CELL BIOLOGY - Thesis Supervisory Committee Final Meeting Form

Final Meeting

Date: _____

☐

MSc

☐

PhD

Name: _____

Student Number: _____

Supervisor/s : _____

Grad Committee Rep: _____

Thesis Supervisory
Committee Members:

Course Work Complete:

Cumulative %

Permission to Write:

Overall Evaluation of Progress:

☐

Satisfactory

☐

Unsatisfactory

Experiments
Remaining
and
Timeline to
Complete:_____
Signature:_____
Signature:_____
Signature:_____
Signature:_____
Signature:_____
Signature:

Timeline for Completion

Draft
Thesis
Timeline:

Thesis to
Supervisor
Date:

Thesis to
Reader
Date:

Final
Submission
Date:

Proposed
Exam Date:

Proposed
Thesis Title:

Thesis Format:

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Monograph

☐

Integrated Article

Confidentiality Agreement Required:

☐

YES

☐

NO

Reader:

Suggested
Program
Examiners:

Suggested
University
Examiners:

Suggested
External
Examiners: PhD

Comments: