

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: Y/N

Cumulative %

Permission to Write: Y/N

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: Monograph Integrated Article

Confidentiality Agreement Required: YES NO

Reader:

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Suggested
Program
Examiners:

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Suggested
University
Examiners:

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Suggested
External
Examiners: PhD

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Comments:

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