

MSc to PhD Reclassification Meeting
(reclassification can not take place after the 5th term of enrollment as a MSc student)

Student Name: _____

Date of Meeting: _____

Initial Term of Enrollment: Fall 20____ Winter 20____ Summer 20____

Current Term of Enrollment (e.g. 2nd term, 3rd term etc.): _____ term

Description of: (1) PhD Proposal
(2) Student's Performance in Defense of Proposal

Recommendations:

[Empty box for Recommendations]

Action Plan for PhD Research:

[Empty box for Action Plan for PhD Research]

Anticipated Date for Next Meeting (month/year): _____

We agree with the PhD proposal, recommendations, and action plan for student name: _____
and recommend him/her for transfer to the PhD program.

_____ Supervisor (please print legibly)	_____ Supervisor (signature)	
_____ Co or Joint Supervisor (please print legibly)	_____ Co or Joint Supervisor (signature)	
_____ Graduate Executive Member (please print legibly)	_____ Graduate Executive Memeber (signature)	
_____ Student (please print legibly)	_____ Student (signature)	
_____ Advisor No. 1 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 2 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 3 (please print legibly)	_____ Home Dept.	_____ Signature

Please Note: the completed form with signatures must be submitted to the Medical Biophysics Academic Programs Coordinator & Graduate Chair askmbp@uwo.ca medbiogradchair@uwo.ca