

**Department of Biomedical Engineering  
Faculty of Medicine  
M. Eng. Initial Meeting**

**Student Name:**

**McGill ID:**

**Date of Admission:**

**Meeting Date:**

**Meeting Report**

Satisfactory

Conditional

Unsatisfactory

**SIGNATURES**

All persons signing must be present together at the time of signing.

By signing below, all parties acknowledge that this report reflects the Committee's decision regarding the outcome of the meeting. A student who objects to the outcome of the meeting should sign to indicate that the results of the meeting have been communicated to him/her and write to the GPD providing an explanation of the objection.

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Graduate Program Director / GPD Representative*

\_\_\_\_\_  
Signatures fully executed as of this date

**Next Meeting Date:** \_\_\_\_\_