

Department of Biomedical Engineering
Faculty of Medicine
M.Eng Extra-Ordinary Meeting

Student Name:

McGill ID:

Date of Admission:

Meeting Date:

Reason for the Meeting

Comments / Recommendations

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.

Student

Supervisor

Supervisor

Graduate Program Director / GPD Representative

Signatures fully executed as of this date

Next Meeting: _____

Date: _____