

Department of Biomedical Engineering**Faculty of Medicine****Ph.D. Comprehensive Preparation Meeting****Student Name:****McGill ID:****Date of Admission:****Meeting Date:****Meeting Report****Areas specified for open questions:***The committee is free to assign open questions for the comprehensive exam*

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 Prescribed Courses:

	SATISFACTORY	CONDITIONAL	UNSATISFACTORY
Written Document			
Research Presentation			
General Competency			
Overall Evaluation			

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

Thesis Committee Member

Supervisor

Thesis Committee Member

Supervisor

Thesis Committee Member

Supervisor

Chair's Rep (representing GPD)

Signatures fully executed as of this date
Next Meeting Date: _____