

**Department of Biomedical Engineering
Faculty of Medicine
Ph.D. Thesis Proposal and Comprehensive Exam Meeting**

Student Name:
Date of Admission:

McGill ID:
Meeting Date:

Meeting Report

Prescribed Courses:

| | SATISFACTORY | CONDITIONAL | UNSATISFACTORY |
|----------------------------------------------------------|---------------------|--------------------|-----------------------|
| Written Thesis Proposal Document | | | |
| Oral Thesis Proposal Presentation & Questions | | | |
| Comprehensive Exam | | | |
| 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: _____