Graduate Science Education

**Thesis Proposal Evaluation Meeting Set Up Form**

**Submit to GPA no later than 3 weeks before your meeting**

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| Student Name:  Emergency Phone Number: | UCID: |
| Program: Choose an item. | Supervisor: |

**Components:**

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| **Courses Completed\*\***:  Yes  No |
| **Research Integrity Day Completed\*\*:**  Yes  No |

\*\**These components* ***must*** *be completed before the Field of Study Exam*

**Ethics**

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| *The CSM requires that students working with human primary material or subjects will also need approval from the Conjoined Health Research Ethics Board (CHREB) prior to initiating their research.*  Ethics Application in Progress  Student added to Supervisors’ Ethics (Copy of addition letter on file)  Ethics Application to be initiated  Not Applicable |

**Thesis Proposal Evaluation Meeting Details**

*All members of the Supervisory Committee must attend the Evaluation meeting.*

**Proposal Evaluation & Approval Consists of a student presentation (max 15 mins), evaluation, and discussion.** *It is recommended that the room is booked for 2 hours to allow time for all components of this evaluation.*

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| --- | --- | --- |
| Date: | Time: | Location: |
| Proposal Title: | | |
| **Supervisor:**  **Emergency Phone Number:** | | **How Attending:** |
| **Co-Supervisor:**  **Emergency Phone Number:** | | **How Attending:** |
| **Committee Member:**  **Emergency Phone Number:** | | **How Attending:** |
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| **Extra Proposal Evaluator:**  **Emergency Phone Number:**  *This Evaluator must be a faculty member who holds supervisory privileges. They may be internal or external to the student’s program.*  Is not a close personal friend of the Supervisor  Has not collaborated with the Supervisor in the past five years  Is not closely related to nor has ever worked with the student | | **How Attending:** |

***Graduate Program Director Approval***

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