Graduate Science Education

**Thesis Proposal Evaluation Meeting Set Up Form**

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

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

**Components:**

|  |
| --- |
| **Courses Completed\*\***: [ ]  Yes [ ]  No  |
| **Research Integrity Day Completed\*\*:** [ ]  Yes [ ]  No  |

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

**Ethics**

|  |
| --- |
| *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.*

|  |  |  |
| --- | --- | --- |
| 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:**  |
| **Committee Member:**      **Emergency Phone Number:**  | **How Attending:**  |
| **Committee Member:**      **Emergency Phone Number:**       | **How Attending:**  |
| **Committee Member:**      **Emergency Phone Number:**       | **How Attending:**  |
| **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***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**