Graduate Science Education

**Thesis Proposal Approval Meeting Set Up Form for Community Health Sciences**

**Submit to GPA no later than 4 weeks before your meeting**

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| Student Name:       | UCID:      Em contact phone #:       |
| Specialization: Choose an item. | Supervisor:       |

**Components:**

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| **Courses Completed\*\***: [ ]  Yes [ ]  No Please list courses completed:       |
| **Research Integrity Day Completed\*\*:** [ ]  Yes [ ]  No Date: Click or tap to enter a date. |

\*\**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 |

**Meeting Details**

*All members of the Supervisory Committee must attend the 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**: Zoom |
| **Proposal Title**:       |
| **Supervisor:**       Emergency contact no.:       |  |
| **Co-Supervisor:**       Emergency contact no.:       |  |
| **Committee Member:**       Emergency contact no.:       |  |
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***Graduate Program Director Approval***

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