Graduate Science Education

**Thesis Proposal Approval Meeting Set Up Form for PhD students only**

**Community Health Sciences**

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

|  |  |
| --- | --- |
| Student Name:  Emergency Contact Phone # | UCID:       Program: PhD |
| Specialization: Choose an item. | Supervisor: |

**Components:**

|  |
| --- |
| **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**

|  |
| --- |
| *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.*

|  |  |  |
| --- | --- | --- |
| **Date**: | **Time**: | **Location**: Zoom |
| **Proposal Title**: | | |
| **Supervisor:**       Contact no.: | |  |
| **Co-Supervisor:**       Contact no.: | |  |
| **Committee Member:**       Contact no.: | |  |
| **Committee Member:**       Contact no.: | |  |
| **Committee Member:**       Contact no.: | |  |

***Graduate Program Director Approval***

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