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| **Name of Student:** **Date:** **Student Number:****Student Email:** |
| **Meeting Date:**  |
| **Program Area:** |
| [ ]  Blood & Vasculature[ ]  Cancer & Genetics[ ]  Infection & Immunity [ ]  Metabolism & Nutrition[ ]  Physiology & Pharmacology  |
| **Master’s Thesis Title:**  |
| **Student’s signature:** |

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| **Supervisory Committee Approval of Submission of the MSc Thesis**By my signature below I indicate that I have read the thesis and judged it as indicated for MSc defence. |
| **Name:** | **Signature:** |
| Supervisor’s name:      Approved [ ]  Not approved[ ] Date:  |  |
| 2nd Member:      Approved [ ]  Not approved[ ] Date:  |  |
| 3rd Member:      Approved [ ]  Not approved[ ] Date:  |  |
| 4th Member:      Approved [ ]  Not approved[ ] Date:  |  |

*A majority of the three or four members of the Supervisory Committee must approve the thesis before a defence date can be set.*

Please indicate the date(s) the defence should be arranged:

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| **The following is to be completed by the student’s supervisor:**  |
| I suggest the following faculty members to act as \*External Examiners. (Please provide contact information.)Nominee #1:       Email:      Nominee #2:       Email:      Nominee #3:       Email:      \*External means outside the student's immediate area of research but is still a McMaster graduate faculty member.Please indicate which committee member will serve as Chair of this defence:      **Supervisor’s Signature:**  |

**PLEASE SUBMIT THE COMPLETED FORM ELECTRONICALLY TO THE MEDICAL SCIENCES GRADUATE PROGRAM OFFICE AT** **medsci@mcmaster.ca**