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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**](mailto:medsci@mcmaster.ca)