**Please complete this form and submit electronically to the Medical Sciences Graduate Program office at** [**medsci@mcmaster.ca**](mailto:medsci@mcmaster.ca) **by 3:00pm on the corresponding registration date**

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| --- |
| **Name of Student:**  **Student Number:**  **Student’s email:**  **Supervisor’s Name:**  **Date of Entry to PhD Program:** |
| **Program Area:** |
| Blood & Vasculature  Cancer & Genetics  Infection & Immunity  Metabolism & Nutrition  Physiology & Pharmacology |
| **TOPIC TITLE**:  Please include a brief statement of the proposal (not more than 100 words): |

**APPROVAL OF TOPIC:**

**SUPERVISORY COMMITTEE**

**All** members of the Supervisory Committee must approve the topic before an examination date can be set.

**Please PRINT supervisory committee members’ names.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date(s) available during exam week selected from “Examination Timetable” (A, B, C, or D)** |
| Supervisor’s name: |  |  |
| Exam Committee Member (Comp Advisor): |  |  |
| Exam Committee Member (Area Coordinator or Designate): |  |  |
| 3rd Supervisory Committee Member: |  |  |
| 4th Supervisory Committee Member: |  |  |

|  |  |  |  |  |
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| **Examination Timetable** | **A** | **B** | **C** | **D** |
| 1) Registration date | October 12 | January 10 | March 14 | May 9 |
| 2) Submission of grant proposal | November 8 | February 14 | April 18 | June 13 |
| 3) Oral Defence date (week of) | November 22-26 | February 22-25 | April 25-29 | June 20 - 24 |
| Please indicate selection of timetable (A, B, C, or D) |  |  |  |  |

The following is to be completed by the Supervisory Committee:

I suggest one of the following faculty members to act as an \*External Examiner:

Nominee 1:

Nominee 2:

Nominee 3:

|  |
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| List of **Supervisor’s** current and pending grant application titles: |
| **Summary of Student’s Research Thesis** (maximum 150 words): |
| **Student’s CV**: (including list of published and submitted articles and abstracts: |