**Please complete this form and submit it electronically to the Medical Sciences Graduate Program office at** **medsci@mcmaster.ca** **by 3:00 p.m. on the corresponding registration date**

|  |
| --- |
| **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 the supervisory committee members’ names.**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Signature** | **Date(s) available during exam week selected from “Examination Timetable” (A, B, or C)** |
| 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** |
| 1) Registration date | October 7 | February 3 | May 5 |
| 2) Submission of grant proposal | November 11 | March 10 | June9 |
| 3) Oral Defence date (week of) | November 18-22 | March 17-21 | June 16-20 |
| Please indicate the selection of timetable (A, B, or C) | [ ]  | [ ]  | [ ]  |

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:

|  |
| --- |
| 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:       |