



uOttawa

Faculté des sciences de la santé
Faculty of Health Sciences

THESIS ADVISORY COMMITTEE REPORT AND APPRAISAL

SECOND YEAR

**MSc. IN INTERDISCIPLINARY HEALTH
SCIENCES**

After the meeting, please send this form to the Interdisciplinary School of Health Sciences' administrative assistant at grad.eiss@uottawa.ca.

Student name: _____ Student #: _____

Meeting date: _____

Date of first registration: _____ Expected Thesis Submission: _____

Committee Summary (general assessment of the student's progress since the last meeting) and suggestions:

No TAC meeting is needed prior to thesis submission

Another TAC meeting is needed prior to thesis submission (Please provide your explanation in the space below)

Student Signature _____

Supervisor Signature _____ Print Name _____

Supervisor Signature _____ Print Name _____

TAC Members Signature _____ Print Name _____

Signature _____ Print Name _____

Signature _____ Print Name _____