

Individual Study Plan (ISP)

How to submit this form: Always submit the ISP with a complete ISP Appendix.
 - Before first enrolment, send this form with the ISP form by email to grad.med@uOttawa.ca.
 - Subsequent ISP and ISP appendix must be submitted in [uoZone](#) by [Service request](#) (StudyPlan).

When to submit this form:
 Before first enrolment into the PhD program, before enrolment in the second term of study, and with each TAC report.

Student identification

FIRST NAME LAST NAME STUDENT NUMBER

NAME OF THE SUPERVISOR NAME OF THE CO SUPERVISOR (IF APPLICABLE)

STUDY PLAN (In section A, B and C, indicate in which term you will be completing or have completed the course or activity).

Section A. Required elements

EPI 8166 PhD Seminar	EPI 9998 Comprehensive Exam
MED 8166 Professional Skills	EPI 9997 Thesis Proposal
MED 8167 Professional Skills	THD 9999 PhD Thesis

Section B. Pre-requisite courses mandatory as conditions for admission (if applicable)

COURSE TITLE	TERM (COMPLETED OR PROPOSED)	COURSE TITLE	TERM (COMPLETED OR PROPOSED)
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Section C. PhD level academic courses

COURSE TITLE	TERM (COMPLETED OR PROPOSED)	COURSE TITLE	TERM (COMPLETED OR PROPOSED)
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Signatures

STUDENT SIGNATURE	DATE (YYYY-MM-DD)		
SUPERVISOR SIGNATURE	DATE (YYYY-MM-DD)	CO-SUPERVISOR SIGNATURE	DATE (YYYY-MM-DD)

Thesis Advisory Committee (TAC)

NAME OF THE TAC MEMBER	SIGNATURE (TAC MEMBER)	DATE (YYYY-MM-DD)
NAME OF THE TAC MEMBER	SIGNATURE (TAC MEMBER)	DATE (YYYY-MM-DD)
NAME OF THE TAC MEMBER	SIGNATURE (TAC MEMBER)	DATE (YYYY-MM-DD)

Program director

SIGNATURE (PROGRAM DIRECTOR) DATE (YYYY-MM-DD)