

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 by [Service Request](#) under the Plan of study category
- Note: select the "View All" button to display all the categories

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

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TERM (COMPLETED OR PROPOSED)

COURSE TITLE

TERM (COMPLETED OR PROPOSED)

COURSE TITLE

TERM (COMPLETED OR PROPOSED)

Section C. PhD level academic courses

COURSE TITLE

TERM (COMPLETED OR PROPOSED)

COURSE TITLE

TERM (COMPLETED OR PROPOSED)

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)