uOttawa
Faculté de médecine
Faculty of Medicine

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STUDENT IDENTIFICATION

STUDENT NAME

STUDENT NUMBER

FIRST TERM OF ENROLMENT (YYYY-MM)

NAME OF SUPERVISOR

NAME OF CO-SUPERVISOR (IF APPLICABLE)

MEETING INFORMATION:

DATE (YYYY-MM-DD)

TAC MEETING NO. (EX: 1, 2, 3)

TMM PROGRAM / GRADUATE PROGRAM

TMM / MSc   BIOCHEMISTRY   MICROBIOLOGY AND IMMUNOLOGY

TMM / PhD   CELLULAR AND MOLECULAR MEDICINE   NEUROSCIENCE

EVALUATION BY THE THESIS ADVISORY COMMITTEE

KNOWLEDGE OF THE LITERATURE	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
OBJECTIVES AND HYPOTHESIS	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
RESEARCH PERFORMANCE	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
WRITTEN PRESENTATION	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
ORAL PRESENTATION	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
	(4)	(3)	(2)	(1)	(0)
OVERALL STUDENT PERFORMANCE	☐ EXCELLENT	☐ VERY GOOD	☐ GOOD	☐ SATISFACTORY	☐ UNSATISFACTORY
	(19-20)	(17-18)	(15-16)	(13-14)	(11-12)

NEXT MEETING INFORMATION (ONLY IF BEFORE THE REGULATORY 12 MONTHS)

NEXT MEETING MUST BE HELD: _____ FAILURE TO DO SO MAY RESULT IN AN UNSATISFACTORY GRADE

DATE (YYYY-MM-DD

REASON TO HOLD A MEETING BEFORE THE REGULATORY 12 MONTHS:

☐ MAJOR PROBLEMS HAVE BEEN IDENTIFIED (*Please identify problems and solutions in comments*)

☐ PROJECT IS NOT VIABLE AND A NEW DIRECTION MUST BE TAKEN

JUSTIFY YOUR EVALUATION (COURSE AND RESEARCH PROGRESS, STRENGTHS AND WEAKNESSES OF STUDENT)
(TO BE COMPLETED BY THE THESIS ADVISORY COMMITTEE)

THESIS ADVISORY COMMITTEE MEMBERS SIGNATURES

PRINT NAME OF TAC MEMBER

SIGNATURE

DATE (YYYY-MM-DD)

PRINT NAME OF TAC MEMBER

SIGNATURE

DATE (YYYY-MM-DD)

PRINT NAME OF TAC MEMBER

SIGNATURE

DATE (YYYY-MM-DD)

FINAL GRADE (OUT OF 20) BASED ON EVALUATION FROM PREVIOUS PAGE

_____   GRADE **(/20)**

EVALUATION BY THE SUPERVISOR (AND IF APPLICABLE, CO-SUPERVISOR)

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

STUDENT STATEMENT

I ACKNOWLEDGE THAT I HAVE READ THE EVALUATION OF THE THESIS ADVISORY COMMITTEE MEMBERS AND OF MY SUPERVISOR.

_____   _____
SIGNATURE (STUDENT)   DATE (YYYY-MM-DD)

DIRECTOR SIGNATURES

_____   _____
SIGNATURE TMM DIRECTOR   DATE (YYYY-MM-DD)

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