

FORMAL Ph.D. THESIS PROPOSAL

N.B.: The Supervisor must sign this form, and ask the student and the advisory committee to sign it, for inclusion in the student's dossier.

Student: _____

Program: Experimental ___ Clinical ___

Proposal Date: _____

	A	B	C
	Accepted for the proposal (suggested revisions for the final thesis)	Approved in principle (revisions to submit to the supervisor)	Revisions required (revisions to submit to thesis committee)
I – Introduction: Theoretical framework and literature review			
II – Objectives and hypotheses			
III – Methodology			
IV - Analyses			
V – Overall Document			

Indicate required modifications to the thesis proposal on a separate sheet appended to this form.

VI – The project is judged acceptable. The study can begin subject to Ethics approval. YES ___ NO ___

Thesis committee:

1. Name (printed): _____ Signature: _____

2. Name (printed): _____ Signature: _____

3. Name (printed): _____ Signature: _____

4. Name (printed): _____ Signature: _____

Thesis supervisor: _____ Signature: _____

Student name: _____ Signature: _____

The thesis project will be officially approved by the Program Director if nothing is checked in column C.

Program Director Approval: _____ Date: _____