Department of Health Sciences

PhD Mid-program Defence Form

***This form must be completed by the Mid-Program Defence Committee for students seeking to move forward and continue in the PhD program. This report must be submitted by the Mid-Program Defence Committee chair to the Graduate Administrator following the transfer exam.***

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| --- | --- |
| Student Name: | Student Number: |
| Name of Supervisor: | Name of Co-Supervisor (if applicable): |
| Date of PhD Mid-Program Defence: | Location of PhD Mid-Program Defence: |
| Title of thesis: |

***Evaluation of Research Completed to Date***

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation** | **Unacceptable** | **Meets Expectations** | **Exceeds Expectations** |
| Oral presentation |  |  |  |
| Written report  |  |  |  |
| Extent of *comprehensive* knowledge in specific area of his/her research |  |  |  |
| Originality of project and scientific contribution to the field |  |  |  |
| Overall assessment of the student’s work to date |  |  |  |
|  |  |  |  |
| Feasibility of upcoming/proposed PhD research project |  |  |  |
| Overall assessment of the student’s ability to complete this PhD project |  |  |  |
|  |  |  |  |
| Student conducted vast majority of work | **No Yes** |
| Major scientific output (e.g. manuscript, paper, formative report) developed and prepared by the student as the primary contributor | **No** | **In Progress** | **Yes** |

***Comments from PhD Mid-Program Defence Committee***

*Attach additional pages if necessary*

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 PhD Mid-Program Defence Committee recommends student continue in the PhD programme

 PhD Mid-Program Defence Committee recommends for transfer to MSc or withdrawal; proceeding with PhD is not approved

***Signatures***

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Name of Supervisor Date Signature (Supervisor)

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Name of Chair of mid-program defence Date Signature (Chair of mid-program defence)

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Name of GAC Member Date Signature (GAC Member)

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Name of GAC Member Date Signature (GAC Member)

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Name of GAC Member Date Signature (GAC Member)

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Name of Field Expert Date Signature (Field Expert)

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Name of Field Expert Date Signature (Field Expert)