Department of Biomedical Engineering Graduate Program
Student Program Control Sheet

Name: _____   I.D. Number: _____

Start Date:_____   Program (M.Sc. or Ph.D.): _____

Supervisor & co-supervisor (if any)_____

Committee Members_____
(with departments):

_____

ALL COURSE WORK DURING PROGRAM:

Year Taken								
Course #								
Grade								

If a Master's student is entering his/her 3rd year or if a PhD student is entering his/her 5th year of the program, a letter requesting permission to the BME Graduate Committee for an extension is required together with the Annual Report.

All Supervisory Meetings during program

	1	2	3	4	5
Date					

THESIS PROPOSAL MEETING_____

Examining Committee: _____

Result:_____   Transfer to Ph.D. (Yes/No):_____

PH.D. CANDIDACY EXAMINATION DATE:_____

Examining Committee: _____

Result: _____

FINAL ORAL EXAMINATION DATE: _____

Examining Committee: _____

Result: _____

DESTINATION AFTER PROGRAM: _____