



**Interfaculty Graduate Program  
Biological and Biomedical Engineering  
M.Eng Extraordinary Meeting**

**Student Name:**

**McGill ID:**

**Date of Admission:**

**Meeting Date:**

**Reason for the Meeting**

**Comments / Recommendations**

Satisfactory

Conditional

Unsatisfactory

**SIGNATURES**

All persons signing must be present together at the time of signing.

By signing below, all parties acknowledge that this report reflects the Committee's decision regarding the outcome of the meeting.

\_\_\_\_\_  
*Student*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Graduate Program Director / GPD Representative*

\_\_\_\_\_  
Signatures fully executed as of this date

**Next Meeting:** \_\_\_\_\_

**Date:** \_\_\_\_\_