

**Interfaculty Graduate Program
Biological and Biomedical Engineering
Ph.D. Thesis Pre-Submission Meeting**

Student Name:

McGill ID:

Date of Admission:

Meeting Date:

Post-submission pre-defence internships: Are you aware of this opportunity?
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Yes <input type="checkbox"/> No <input type="checkbox"/>
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Meeting Report☐

Satisfactory

☐

Conditional

☐

Unsatisfactory

SIGNATURES *Mandatory. Must be present to sign together.	<i>I agree with the statements and evaluation in this report.</i>	<i>Has a conflict of interest arisen in respect of any of the parties signing? **</i>
_____ Student*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Supervisor*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Supervisor*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Supervisor*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Chair's Rep*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Thesis Committee Member	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Thesis Committee Member	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Thesis Committee Member	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ Signatures fully executed as of this date	Next meeting date: _____	

Anyone listed above who does not agree with the statements and evaluation in this Report must attach an explanation.

If any document has been attached to this report, please check here: ☐

In case of disagreement, the student or supervisor should consult the Unit's Graduate Program Director or a GPS Associate Dean.

GPD approval is required on all Progress Tracking Reports; attendance at meeting is not. If the GPD is the supervisor, the Chair must sign here.

GPD (Chair) Name: _____ Signature: _____

Regulation on Conflict of Interest - **If anyone checks YES, the form must be submitted to the Dean of GPS with an explanation. If there is any doubt, contact the appropriate GPS Associate Dean.

"Conflicts of interest may take various forms and may arise in various contexts. A potential conflict of interest will exist whenever a member of the University community is in a position to influence the conduct of research, academic, human resource, business, financial, governance or other matters in ways that could lead to personal gain for the member or a related party, or give improper advantage to others, to the detriment of the University or other members of the University community."

"The Regulation recognizes that the existence of a potential conflict situation does not necessarily connote misconduct or preclude the involvement of a member in the situation in which the conflict has arisen – provided the conflict is recognized, disclosed, assessed and addressed. However, it must be recognized that not all conflicts of interest, even if disclosed in a timely manner, will be permitted."