

# BHSc (Honours) PROJECT COURSE GRADE FORM

\*END OF TERM EVALUATION

\*\*PLEASE SAVE A COPY OF THIS FORM FOR YOUR RECORDS

<b>COURSE</b> (PLEASE SELECT ONE)					
<b>STUDENT NAME:</b>		<b>STUDENT #:</b>	<b>STUDENT EMAIL:</b>		
<small>Student First Name</small>	<small>Student Last Name</small>	<small>Must be 9 digits</small>	<small>Student McMaster Email</small>		
<b>LEVEL</b> (PLEASE CHECK ONE)	<b>LEVEL 2</b>	<b>LEVEL 3</b>	<b>LEVEL 4</b>		
<b>PROGRAM</b> (SELECT ONE)	<b>CORE</b>	<b>CHS</b>	<b>GHS</b>	<b>BMS</b>	<b>OTHER</b>
<b>Term:</b> <small>(Registered Term)</small>	<b>Year:</b>				

## SUPERVISOR INFORMATION

<b>PRIMARY SUPERVISOR NAME:</b>	<b>SUPERVISOR EMAIL:</b>
<small>Supervisor First Name</small>	<small>Supervisor Last Name</small>
<small>Supervisor First Name</small>	<small>Supervisor Email</small>

## PROJECT STATUS (select one)

**Project COMPLETE:**      **Complete sections A & C below**

**Project INCOMPLETE:**      **Complete sections A & B below**

## SECTION A: EVALUATION CRITERIA

Evaluation Criteria *	Evaluator	Complete?	Weight/100%	Mark
Self-Reflection **	Supervisor	See page 2	n/a	required but not graded
<b>Total</b> *must total 100%:				

**IF COURSE WORK IS COMPLETE, FINAL LETTER GRADE:**

**IF COURSE WORK IS INCOMPLETE, INTERIM LETTER GRADE FOR WORK COMPLETED TO DATE:**

\*Total will auto-calculate based on numbers entered. Only enter whole numbers. MUST total 100%

\*\* The self reflection MUST be completed below, and included in the evaluation criteria with a value of zero. The supervisor MUST review this with the student upon final evaluation and indicate that it has been reviewed below. THIS IS A MANDATORY COMPONENT, AND WILL NOT CONTRIBUTE TO THE FINAL GRADE.

## SECTION B: INTERIM EVALUATION OF INCOMPLETE PROJECTS

What components of the project remain to be completed?

What is the anticipated time line for completion?

## SECTION C: SELF-REFLECTION

*Must be completed by the student and reviewed by the supervisor after project course work is COMPLETE. Your self-reflection must include strengths and areas of improvement that you have identified during the project course/experience. Also, please provide some insight into your overall experience with this project course, going beyond the actual tasks you have completed.*

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## SUPERVISOR CONFIRMATION OF REVIEW AND APPROVAL OF SELF-REFLECTION

By selecting this box, you confirm that you have reviewed the above self-reflection with the student, and confirm the accuracy of the information provided.

# SUBMISSION

## **STUDENT:**

Prior to completing the applicable information on this form, you must first save it to your desktop as a pdf, then complete and submit this form to your supervisor for approval. The filename must include the course code and your first and last names, using this format: **CourseGrade\_lastname\_firstname.pdf** (e.g. **3H03Grade\_Ritz\_Stacey.pdf**). Once saved, email it as an attachment to you supervisor for approval and submission.

## **SUPERVISOR**

Upon approval of the content of this form, and after having completed all appropriate sections, please save this form to your desktop as a pdf. As the supervisor, you must click on the red submit button to email this form to the BHSc (Honours) Program for review. Electronic submission of this HTHSCI project course grade form is done *in lieu* of a supervisor signature.

Please enter date this grade form has been submitted, below. By clicking the submit button, you, the supervisor, confirm that the information on this form is accurate as per the details of the project course work the student has completed to date.

\*

Date submitted:

*\*Clicking the submit button will open a new email in your default email account, addressed to the BHSc (Honours) Program, and will include this form as an attachment.*

## **PLEASE NOTE:**

**If clicking the submit button does not automatically open an email with the form attached, please manually send it as an attachment to:**

**[Project.rr0qd5uxnk6olqlv@u.box.com](mailto:Project.rr0qd5uxnk6olqlv@u.box.com)**

**OFFICE USE ONLY**

**Date grade entered:**

**Work Submitted:**

Yes

No

**Notice of Collection:**

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Faculty of Health Sciences BHSc Program including, but not limited to, maintaining records; academic counselling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Associate or Assistant Dean, Faculty of Health Sciences BHSc Program, McMaster University.