

HTHSCI THESIS INTERIM REPORT

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

This form requires Acrobat Reader, Acrobat Pro, or Acrobat Standard to function correctly. It cannot be filled out with Apple Preview or any other app. If you use anything other than Adobe Acrobat Reader, the form may be returned to you to start over.

| | | | | | |
|---|----------------|--|-----------------------|------------|--------------|
| COURSE (PLEASE SELECT ONE) | | | | | |
| STUDENT NAME: <small>First Name</small> _____ <small>Last Name</small> _____ | | STUDENT #: <small>Must be 9 digits</small> | STUDENT EMAIL: | | |
| LEVEL (PLEASE CHECK ONE) | LEVEL 2 | LEVEL 3 | LEVEL 4 | | |
| PROGRAM (SELECT ONE) | CORE | CHS | GHS | BMS | OTHER |
| SUPERVISOR INFORMATION | | | | | |
| PRIMARY SUPERVISOR NAME: <small>First Name</small> _____ <small>Last Name</small> _____ | | SUPERVISOR EMAIL: | | | |

1. Has the progress been satisfactory to this point?

YES

NO

If progress is unsatisfactory please indicate reasons why below.

2. Have there been substantial changes to the thesis work expectations since approval?

YES

NO

If there have been substantial changes to the project please describe below.

3. Have there been changes to the evaluation criteria?

YES

NO

If there have been changes to the evaluation criteria please describe below.

THESIS INTERIM REPORT

For Students:

Prior to submitting this form to your supervisor for approval, you must ensure that you save the file to your computer. The filename must include the course code, the word *interim*, and the student's last and first names, such as: **coursecode_interim_lastname_firstname.pdf** (e.g. **4A09_interim_Ritz_Stacey.pdf**). Your supervisor must then submit this form on your behalf to the BHSc program.

For Supervisors:

By clicking the submit button (below), you, the supervisor, confirm that the information on this form is accurate as per the details of the thesis course work the student is currently completing. Any changes made to the thesis course work throughout the duration of the course must be brought to the attention of the BHSc Office via email. As a supervisor, you also confirm that you have reviewed and approved the information provided on this form.

Once you have approved the information on this form, as the supervisor you must click on the red submit button to email this form to the BHSc office for review. Electronic submission of this HTHSCI thesis course form is done in lieu of a supervisor signature. By submitting this form, you are confirming the interim report information provided.

Date Submitted:

DD-MMM-YYYY
e.g. 01-Jan-2019

****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 send button does not automatically open an email with the form attached, please send this form as an attachment to:

Interim.z903qtg3v4vkextb@u.box.com

OFFICE USE ONLY

DATE OF REVIEW

Forms Review:

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.