



PhD Epidemiology Oral Examination of Dissertation Proposal Evaluation Form

Student Name and Student Number:	Date of Protocol Examination:
Supervisor(s): Committee Members:	Examination members: Reviewer 1: Reviewer 2: Program Director or Representative:

Thesis title:

EVALUATION

- (I) Literature review and content knowledge
- (II) Scholarly impact
- (III) Quality of proposed research approach
- (IV) Timelines and appropriateness for PhD

Excellent	Very good	Satisfactory	Below average	N/A (explain)

(I) Literature Review and Content Knowledge

(II) Scholarly impact: Rationale for proposed work includes scholarly impact with respect to methods and/or content to the field

(III) a) Quality of Research Approach: Question and objectives

(III) b) Quality of Research Approach: Study design and measurement, including rationale

(III) c) Quality of Research Approach: Analytic approach(es)

(III) d) Quality of Research Approach: Feasibility (including sample size, data access)

(III) e) Quality of Research Approach: Ethical considerations

(IV) Timelines and appropriateness for PhD dissertation

Please provide detailed comments on any of the areas above, particularly if they were identified as below average and require improvement:

-cont-

Please provide any other specific comments for feedback raised during the discussion:



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LANGUAGE AND PRESENTATION SKILLS (for student feedback only) Expectation: The student can adequately present and defend the thesis work in a formal setting.	Excellent	Very good	Satisfactory	Below average*
Ability to defend and discuss the protocol in an articulate and polished manner				
*Please provide detailed comments on any of the areas above that were identified as below average that require improvement:				
FINAL EVALUTION				
<input type="checkbox"/> Pass. The Student may proceed with dissertation work and remaining program progression, taking note of all feedback received during the protocol defense and in consultation with the supervisor considering minor amendments to their doctoral research accordingly. <input type="checkbox"/> Provisional Pass* The Student must create a point-by-point response to the concerns/issues raised and make changes to the proposal within 60 days of the examination. Once the Supervisory committee has approved the revisions, the proposal must be submitted to the Program Director and Administrative Assistant as a final record. A Pass will then be recorded. <input type="checkbox"/> Fail* A failure indicates that the performance was inadequate and/or the protocol has major deficiencies according to the (IV) domains. In event that the Student fails the protocol examination in the first attempt, will be permitted one more attempt. Failure of the second attempt will result in a recommendation for program termination.				

Please detail comments regarding the minor (provisional pass) or major (fail) deficiencies to be addressed:



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Signatures

Signing below indicates that you agree with the consensus decision reached above.

Examination member Name: (Including Supervisory Committee)	Signature

Student Signature

I have been given the results above and understand the evaluation.

Student Name: _____

Student Signature: _____

Date: _____