

PhD Epidemiology Proposal Evaluation Form

Student Name and Student Number:	Date of Proposal Defense					
Supervisor(s):	Examination members:					
Committee Members:	Reviewer:					
	Second reviewer (Optional):					
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 sch	nolarly 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 measu						
(III) c) Quality of Research Approach: Analytic approach(es)	, 0					
(III) d) Quality of Research Approach: Feasibility (including sar	nple size, data access)					
(III) e) Quality of Research Approach: Ethical considerations						
(IV) Timelines and appropriateness for PhD dissertation		+:¢:l -	- 11			
Please provide detailed comments on any of the areas above require improvement: -cont-	, particularly if they were iden	tified a	as belo	w avera	age and	

Last revised:16/03/2018

Please provide any other specif	ic comments for feedback ra	ised during the discussion:	

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 a improvement:	verage	that re	equire	
FINAL EVALUTION				
 □ Approved. The student may proceed with dissertation work and remaining program progress received during the protocol defense and in consultation with the supervisor considering doctoral research accordingly. □ Provisional Approval. The student must create a point-by-point response to the concerns/is to the proposal within 60 days of the examination. Once the Supervisory committee has 	g mino sues ra	r amei	ndmer nd ma	nts to their ke changes
to the proposal within 60 days of the examination. Once the Supervisory committee had proposal must be submitted to the Program Director and Administrative Assistant as a finate be recorded.	l record	d. An a	pprov	al will then
Not approved. Non-approval indicates that the performance was inadequate and/or the paccording to the IV domains. In event that the student is not approved on the first attempt one more attempt. Failure of the second attempt will result in a recommendation for program.	, the st	udent	will be	

Please detail comments regarding the minor (provisional approval) or major (not approved) deficiencies to be addressed	ed:



Signatures

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

Reviewers and Supervisory Committee	Signature

I have been given the results above and understand the evaluation.
Student Name:
Student Signature:
Date:

Last revised:16/03/2018