

## **PhD Epidemiology Proposal Evaluation Form**

Student Name and Student Number:	Date of Proposal Defense	
Supervisor(s):	External Reviewer:	
Committee Members:		
Thesis title:		
Following the oral presentation and questions, the comm	nittee and external examiner sh	ould discuss the sections I
- IV of the protocol and indicate with an 'X' if the section		
of questions (V) should also be assessed. Feedback shou	ld be provided in the text box be	elow.
EVALUATION	Acceptable	Not acceptable or
(I) Literature review and content knowledge	-No major concerns; Constructive	Incomplete
(II) Scholarly impact	feedback, considerations and	-Major concern(s) that must
(III) Quality of proposed research approach	suggestions should be noted in	be revised before proceeding
(IV) Timelines and appropriateness for PhD	the text box below	with dissertation as detailed
(V) Handling of questions		in text box below
(I) Literature Review and Content Knowledge		
(II) Scholarly impact: Rationale 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: Proposed analytic		
approach(es) and justification		
(III) d) Quality of Research Approach: Feasibility (includin	g	
sample size, data access/collection)		
(III) e) Quality of Research Approach: Ethical considerations covered		
(IV) Timelines and appropriateness for PhD dissertation		
(V) Handling of questions		



Please provide detailed comments on any of the areas above, including constructive feedback. If 'not acceptable or				
incomplete' was selected then a full written rationale below is required.				







PRESENTATION SKILLS (for student feedback only)					
Expectation: The student presented and communicated effectively	Excellent	Very good	Satisfactory	Below average*	
Quality of the presentation					
*Please provide detailed comments on any of the areas above that were identified as below average that require improvement:					
FINAL EVALUTION					
☐ <b>Approved.</b> 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.  Provisional Approval. 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. An approval will then be recorded.  Not approved. Non-approval indicates that the performance was inadequate and/or the protocol has major deficiencies according to the evaluation domains as documented. In event that the student is not approved on the first attempt, the student will be permitted one more attempt. Failure of the second attempt will result in a recommendation for program termination.					





## **Signatures**

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

Reviewer and Supervisory Committee	Signature
Student Signature	
I have been given the results above and understand the evalu	ation.
Student Name:	
Student Signature:	
Date:	

