

Project & Thesis Course Grade Form

Honours Health Sciences Program



1. Fill and save this form in Adobe Acrobat.

2. Refer to the Project/Thesis Timeline for Submission Deadlines

A Student Information

Student Name :

Student ID :

Email :

Level : Level III Level IV Other

Program : Core CHS Other

Course :

Term :

Year :

B Supervisor Information

Supervisor Name :

Supervisor Email :

C Project/Thesis Status (select one)

Project/Thesis COMPLETE

Complete Section D below

Project/Thesis INCOMPLETE

Complete Sections D and E below

D Evaluation Criteria

Evaluation Criteria	Complete?	Weight (%)	Grade (%)	Weighted Grade

Total:

If course work is **complete**, FINAL LETTER GRADE

:

If course work is **incomplete**, INTERIM LETTER GRADE FOR WORK COMPLETED TO DATE

:

E Interim Evaluation of Incomplete Project/Thesis

What components of the project/thesis remain to be completed?

What is the anticipated timeline for completion?

Comments Section

F Submission Guidelines

Student Guidelines

1. Save this form as a pdf prior to completing this form.
2. Fill this form and send it to your supervisor for approval.
3. The filename should be saved in this format: *coursecodeGrade_lastname_firstname.pdf* (e.g., *3H03Grade_Ritz_Stacey.pdf*).
4. The supervisor must submit this form on your behalf to the Honours Health Sciences Program.

Supervisor Guidelines

1. Upon receipt of this form, please save a copy to your desktop prior to completing any applicable sections.
2. Review and complete the applicable sections of this form.
3. Please enter the date this grade form has been submitted, below.
4. As the supervisor, you must email this form to the Honours Health Sciences Program for review. Electronic submission of this HTHSCI project/thesis course grade form is done in lieu of a supervisor signature.

By emailing the grade form, you, the supervisor, confirm that the information on this form is accurate as per the details of the project/thesis course work the student has completed to date.

Date submitted:

mm/dd/yyyy

Submission Links

If the SUBMIT button does not automatically attach this form to an email, please save the completed form, attach it to an email, and send it to the applicable email address below:

PROJECT: Project.rroqd5uxnk6olqlv@u.box.com

THESIS: Thesis_.c8fazjdycmrghlsy@u.box.com

Office Use Only

Date grade entered:

mm/dd/yyyy

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 Honours Health Sciences 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 Honours Health Sciences Program, McMaster University.