

A Student Information

Student Name :

Student ID : Student Email:

Level : Level III Level IV Other

Program : Core CHS Other

Course :

Term :

B Supervisor Information

Supervisor Name :

Supervisor Email :

C Evaluation

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.

D 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:
coursecode_interim_lastname_firstname.pdf (e.g.,
4A09_interim_Ritz_Stacey.pdf).
4. The supervisor must submit this form on your behalf to the Honours Health Sciences Program.

Supervisor Guidelines

1. Review and approve the information provided on this form.
2. Please enter the date this form has been submitted, below.
3. As the supervisor, you must email this form to the Honours Health Sciences Program for review. Electronic submission of this HTHSCI thesis course form is done in lieu of a supervisor signature.

By emailing the form, 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 Honours Health Sciences Program Office via email. By submitting this form, you are confirming the interim report information provided.

Date submitted:

mm/dd/yyyy

**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:

mm/dd/yyyy

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.