THE UNIVERSITY OF BRITISH COLUMBIA

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

# Supervisory Committee – PhD Thesis Approval

\*Please use one form per Committee Member\*

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I have read the PhD thesis and made comments and/or suggestions in the following areas:

|  |  |
| --- | --- |
| [ ]  Abstract (main and/or lay summary)  | [ ]  Literature review  |
| [ ]  Hypothesis and Objectives | [ ]  Research methodology |
| [ ]  Evaluation of results | [ ]  Validity of conclusions  |
| [ ]  General presentation and readability | [ ]  None of the above |
|  |  |

1. I have:

  [ ]  Communicated directly with the student

 [ ]  Provided written comments and/or electronic track changes inserted directly in the thesis

  [ ]  Offered a follow-up review of the revised thesis

1. The following issues **SHOULD** be addressed prior to transmission to the External Examiner:

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|  |

1. The following matters **COULD** be addressed prior to transmission to the External Examiner:

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| --- |
|  |

1. I believe that the thesis and the work meet the standard of excellence expected of a doctoral candidate from UBC. I approve the transmission to the external examiner.

  [ ] **YES**

 [ ] **NO** until revision have been made

|  |  |  |
| --- | --- | --- |
| Signed |  |  |
|  | Signature | Print Name |

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form back to the Student for re-approval if any revisions are required.

Please return the approved form to Grad Studies Program Coordinator: heather.cheadle@pathology.ubc.ca

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