Department of Biomedical Engineering Graduate Program
Student Program Control Sheet

Name: _________________________________ I.D. Number: ____________________________

Start Date: __________________________ Program (M.Sc. or Ph.D.): ________________

Supervisor & co-supervisor (if any)__________________________________________________

Committee Members
(with departments):
__________________________________________________________________________

ALL COURSE WORK DURING PROGRAM:

<table>
<thead>
<tr>
<th>Year Taken</th>
<th>Course #</th>
<th>Grade</th>
</tr>
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<tbody>
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If a Master’s student is entering his/her 3rd year or if a PhD student is entering his/her 5th year of the program, a letter requesting permission to the BME Graduate Committee for an extension is required together with the Annual Report.

All Supervisory Meetings during program

<table>
<thead>
<tr>
<th>Date</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
</table>

THESIS PROPOSAL MEETING_____________________________________________________

Examining Committee: ______________________________________________________

Result: ___________________________ Transfer to Ph.D. (Yes/No): ________________

PH.D. CANDIDACY EXAMINATION DATE:________________________________________

Examining Committee: ______________________________________________________

Result: ________________________________________________________________

FINAL ORAL EXAMINATION DATE:______________________________________________

Examining Committee: ______________________________________________________

Result: ________________________________________________________________

DESTINATION AFTER PROGRAM: ______________________________________________