



Experimental Surgery
Montreal General Hospital
1650 Cedar Ave., Room T5-110
Montreal, QC H3G 1A4

Chirurgie Expérimentale
Hôpital Générale de Montréal
1650, ave Cédar, Suite C9-169
Montréal, QC H3G 1A4

(514) 934 1934 ext. 42837
gradstudies.surgery@mcgill.ca
www.mcgill.ca/experimentalsurgery

PRE-DOCTORAL - COMPREHENSIVE EXAMINATION EVALUATION REPORT

(To be completed by the Supervisor and RAC Chair, members)

Student name: _____ Supervisor: _____

Degree & Year: _____

Degree Dates: *start date:* _____ *to:* _____

Part 1: Evaluation of the Student's Presentation and Research

Presentation:

Critical Assessment:

Responses to Questions:

Comments:



Experimental Surgery
Montreal General Hospital
1650 Cedar Ave., Room C9-169
Montreal, QC H3G 1A4

Chirurgie Expérimentale
Hôpital Générale de Montréal
1650, ave Cédar, Suite C9-169
Montréal, QC H3G 1A4

(514) 934 1934 ext. 42837
gradstudies.surgery@mcgill.ca
www.mcgill.ca/experimentalsurgery

PRE-DOCTORAL - COMPREHENSIVE EXAMINATION EVALUATION REPORT

Part 2: Evaluation of the Student's Presentation and Critical Evaluation in Area of Research

Presentation:

Critical Assessment:

Responses to Questions:

Comments:

****A copy of the student's Critical Assessment must be submitted with this report.****



Experimental Surgery
Montreal General Hospital
1650 Cedar Ave., Room C9-169
Montreal, QC H3G 1A4

Chirurgie Expérimentale
Hôpital Générale de Montréal
1650, ave Cédard, Suite C9-169
Montréal, QC H3G 1A4

(514) 934 1934 ext. 42837
gradstudies.surgery@mcgill.ca
www.mcgill.ca/experimentalsurgery

PRE-DOCTORAL - COMPREHENSIVE EXAMINATION EVALUATION REPORT

By signing below, all parties acknowledge that the objectives and timelines described above are acceptable. Please note that failure to meet objectives on any two progress reports may be cited as grounds for requiring that a student withdraw from the program of study.

Overall Assessment of the Student for the Pre-Doctoral Exam:

Pass: _____ Fail: _____

Supervisor: _____ Date: _____

Student: _____ Date: _____

Chair/Director *(or delegate)*: _____ Date: _____

Research Advisory Committee (RAC) member(s):

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Student did not sign form and does not agree with the objectives (explanation required; see attached).