# Precision Medicine Thesis Committee Report

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| Date of Meeting: |  |
| Student Name: |  |
| Student UUN: |  |
| Chair: |  |
| Supervisors: |  |
| External: |  |
| Review Year: |  |
| Project Title: |  |

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| What taught courses has the student attended? Has the training been useful? |  |
| Has the student attended any other training courses e.g IAD courses – NB: one writing and one presentation skills course, are mandatory AND an ED&I/UB course | Writing course  Presentation course  ED&I/UB training |
| Has the student attended any scientific meetings? If so, where and what was their involvement? |  |
| Has student thought about future career plans and is advice needed? |  |
| Has student thought about possible publications? |  |
| Has the student had the opportunity to talk confidentially to the Chair and External? |  |
| Have the supervisors had the opportunity to talk confidentially to the Chair and External? |  |

Thesis Committee report should be inserted here or appended.

**On completion of review, the student should complete the EUCLID reporting and upload both their report and signed committee report onto EUCLID.**

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| COVID19 Impact (extension requested?): |

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| SIGNATURE of Thesis Committee Chair |  |
| Type or print name |  |
| Date |  |

|  |  |
| --- | --- |
| SIGNATURE of Supervisor(s) |  |
| Type or print name |  |
| Date |  |

|  |  |
| --- | --- |
| SIGNATURE of External Member |  |
| Type or print name |  |
| Date |  |

|  |  |
| --- | --- |
| SIGNATURE of Student |  |
| Type or print name |  |
| Date |  |