

Mandatory Degree Audit Form for Graduate Students

Last Name: _____ Given Name(s): _____

Student Number: _____ Supervisor(s): _____

A) General Information

Indicate Program You Are Enrolled In:

PhD M.A.Sc M.ENG

Program Start Date: _____

Anticipated Completion Date: _____

B) Leaves/Co-ops

Have you taken any leaves? YES NO

If YES, please indicate:

a) Start Date: _____

b) Duration of Leave _____

Have you taken a Co-op? YES NO

If YES, please indicate:

a) Start Date: _____

b) Duration of Leave _____

C) Health and Safety Training

Please indicate which of the following training courses you have completed:

Course Name	Yes	No	If yes, Date of Completion
Health and Safety Orientation			
Back to Mac Covid 19 Training			
Asbestos Awareness			
Ergonomics			
WHIMS 2015			
Slips Trips and Falls			
Violence & Harassment Prevention in the Workplace			

If you are a TA/RA this year, or working in a lab, you may be required to take additional courses Please check the following website to confirm: https://hr.mcmaster.ca/employees/healthy_safety_well-being/our-safety/health-and-safety-training/ . Enter any additional training courses you have completed in the table above.

Have you completed the Job Hazard Analysis Form? YES NO

If YES, please indicate:

Completion Date: _____

Courses Completed outside the Civil Engineering Department

Remember that only up to 50% of your required courses can be taken outside the department.

Course Name	Grade	Supervisor Approved/Date	Grad Chair Approved/Date	SGS Approved/Date	Date of Completion

Completed 600-level Courses

Remember that only 1/3 of your required courses can be taken as a 600-level course.

Course Name	Grade	Date of Completion

Courses you are currently taking or planning to take in the upcoming academic year

Course Name	Supervisor Approval/Date	Date of Completion

G) Defence/Presentation

Will you be defending/presenting this academic year? YES NO

If NO, please move to the PhD section, if applicable. If YES, please answer the next question below.

Have you initiated your defence/notified the grad admin about your presentation? YES NO

If YES, please indicate date below and move to the PhD section, if applicable:

Date of Initiation/Email: _____

Has a date for your presentation/defence been confirmed? YES NO

If YES, please indicated date below and then move to the PhD section, if applicable:

Date of Defence/Presentation: _____

If NO, please indicate intended date below and then move to the PhD section, if applicable

Intended Date of Defence/Presentation: _____

PHD STUDENTS ONLY

If you are a master's student, please skip this section and proceed to the signatures.

A) Supervisory Committee Meetings

Date of Last Committee Meeting: _____

Anticipated Month of Next Committee Meeting: _____

B) Comprehensive Exams

Have you completed Part A of the Comprehensive Exam? YES NO

If YES, please indicate:

a) Date of Exam: _____

b) Result: _____

If NO, please indicate

a) Anticipated Date of Exam: _____

Have you completed the Part B Comprehensive Exam? YES NO

If YES, please indicate:

a) Date of Exam: _____

b) Result: _____

If NO, please indicate

a) Anticipated Date of Exam: _____

FINAL COMMENTS

If there is any additional information or comments that should be noted, please put them in the box below.

Please sign and date below. The form will only be accepted when both the student and supervisor(s) have signed.

Date: _____ Student Signature: _____

Date: _____ Supervisor Signature: _____