

# DALHOUSIE UNIVERSITY FACULTY OF AGRICULTURE

## ATC Planning Checklist

	Check
1. Complete ATC planning form parts A and B.	
2. Consult with supervisory committee on availability and complete ATC Planning Form part C. Be sure to get signature or confirmation in writing from all committee members.	
3. Consult with supervisory committee on possible External Examiners and complete ATC Planning Form part D.	
4. Send External Examiner list to Graduate Coordinator for approval.	
5. After approval is confirmed, student/supervisor may contact External Examiners for scheduling based on committee availability (Part C).	
6. Forward email confirmation of availability by External Examiner to Graduate Studies Office.	
7. Submit both the <u>ATC Planning Form</u> , with all required signatures and/or copies of confirmations of availability, AND the <u>Admission to Candidacy Part 1 Form</u> to the Graduate Studies Office.	
8. Graduate Studies Office will book a location for the ATC Exam and circulate relevant documentation to Examination Committee.	

## ATC Planning Form

To be **completed by the student in consultation with the supervisory committee**. This form is to be submitted to the Dal AC Graduate Studies Office **four (4) weeks** before the proposed date of the ATC.

**NOTE:** Submit electronic copy of the ATC document and ATC Part 1 (attached) to [pamela.sutherland@dal.ca](mailto:pamela.sutherland@dal.ca) **three (3) weeks** prior to date of ATC.

### A. STUDENT INFORMATION

Name:	Student ID	Department of Study
Address:		
Email:	Phone #	

### B. RESEARCH AND SUPERVISORY COMMITTEE

1. Proposed Thesis Title:

2. Supervisory committee (*important that all information is completed below*)

Name	Phone #	email	Mailing Address
<b>SUPERVISOR(S):</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			
<b>Committee member:</b>			

**C. PROPOSED ATC DATES:**

- A minimum of three possible times are required, in consultation with the supervisory committee.
- ATC’s will normally be scheduled for 2.5 hours, between 9:00-11:30 am, or 1:30-4:00 pm
- If a different timing is needed, please give time and reason in comment section.

AM					
PM					

Comments: \_\_\_\_\_

**\*Required Signatures:**

The above dates have been set aside in my schedule, and as a committee member I commit to being present for the ATC. (The final time will be confirmed when arrangements have been made with the external examiner.)

Name	Signature*	Note any dates when you will need to attend by video/telephone

**\*An e-mail from the supervisor or committee member confirming these dates is acceptable in lieu of signature if that person is away from campus.**

**D. SUGGESTED EXTERNAL EXAMINERS**

Identify three potential external examiners. Dalhousie faculty who are members of the Faculty of Graduate Studies, but not in the student's department, may act as external examiners for ATC examinations. Send the names and contact information to the Graduate Coordinator **by email** for approval. After confirmation by the Graduate Coordinator that the external examiners are appropriate, the student and/or supervisor may begin coordinating with external examiners around scheduling. Any changes to the list must be approved by the Graduate Coordinator before proceeding.\*

Name	Phone	E-mail	Mailing Address	Expertise

**\*An e-mail from the external examiner confirming availability on the chosen date and time is forwarded to the Graduate Office.**

**E. THE STUDENT IS RESPONSIBLE FOR BRINGING A LAPTOP COMPUTER AND ENSURING THAT THEY CAN OPERATE THE AUDIO VISUAL EQUIPMENT PRIOR TO THE ATC.**

**F. Have you had a committee meeting? Yes/No Date: \_\_\_\_\_**

Signature of the graduate student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Supervisor(s): \_\_\_\_\_ Date: \_\_\_\_\_

# **ADMISSION TO CANDIDACY EXAMINATION (ATC)**

**PART 1:** To be completed by the student and submitted to AC Graduate Studies Office with the ATC document three (3) weeks prior to the exam.

**Student's Name:** \_\_\_\_\_

**Status (Full-time, Part-time):** \_\_\_\_\_

**Programme Start Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Committee:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Classes Taken:</b>	<b>Grade (P/F)</b>	<b>Grade</b>
(1) _____	_____	(4) _____
(2) _____	_____	(5) _____
(3) _____	_____	(6) _____

## **Mandatory Training Requirements**

1. Does your research involve working with animals that require CCAC approval?

Yes  No

- *If yes, attach a copy of your certificate verifying you have completed the "Experimental Animal User Training" course.*

2. Does your research involve working with human subjects?  Yes

No

- *If yes, attach a copy of your certificate verifying you have completed the Tutorial for the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.*

**Synopsis of Research Proposal (please type this section)**

