

Any personal information collected on this form is collected under the legal authority of the *Royal Charter of 1841*, as amended. The personal information will be used to identify the student named on the form.

**RETURN THIS COMPLETED AND SIGNED FORM TO THE SCHOOL OF GRADUATE STUDIES,
ROOM 425 GORDON HALL, ON OR BEFORE THE SCHEDULED DATE OF THE EXAMINATION.**

PHD COMPREHENSIVE/QUALIFYING EXAMINATION

DEPARTMENT/PROGRAM: _____

NAME OF STUDENT: _____

STUDENT NUMBER: _____

DATE AND TIME OF EXAMINATION: _____

COMMITTEE MEMBERS:

CHAIR: _____

SUPERVISOR: _____

EXAMINERS: _____

PROCEDURES CHECKLIST:

1. The student has received a copy of the procedures governing comprehensive/qualifying examinations in our department/program.

2. The timing of the examination falls within the framework established for our department/program and set out in the procedures.

3. The student has been informed of the criteria to be used to determine the outcome of the examination.

SIGNATURES: _____
Graduate Coordinator

DATE: _____

Student

DATE: _____