

PHD COMPREHENSIVE EXAMINATION

DEPARTMENT OF _____

NAME OF STUDENT: _____

STUDENT NUMBER: _____

DATE AND TIME OF EXAMINATION: _____

COMMITTEE:

CHAIR: _____

EXAMINERS: _____

PROCEDURES:

1. The candidate has received a copy of the procedures governing comprehensive examinations in our department. _____
2. The timing of the examination falls within the framework established for our department and set out in the procedures. _____
3. The student has been informed of the criteria to be used in judging the outcome of the examination. _____

SUBMITTED BY: _____
Graduate Coordinator

DATE: _____

Student

PLEASE RETURN DIRECTLY TO THE SCHOOL OF GRADUATE STUDIES AND RESEARCH

DEPARTMENT OF CIVIL ENGINEERING

PhD COMPREHENSIVE EXAMINATION REQUEST FORM

Student Name: _____

Student Number: _____

Supervisor: _____

Title of Proposal: _____

Proposed PhD Comprehensive Examination Date, Time and Location: _____

Examination Committee

Expert Reviewer #1 _____
Address _____

Expert Reviewer #2 _____
Address _____

Graduate Studies Coordinator (or delegate) _____

Signature of Candidate: _____

Copies of the comprehensive exam have been delivered to the Committee members **two weeks in advance** yes _____ no _____
**also a copy to Maxine for your file hand-delivered _____ email _____

Signature of Supervisor: _____

Approval – Graduate Studies Coordinator _____

_____ date