

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: \_\_\_\_\_

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: \_\_\_\_\_