Ph.D. Comprehensive Examination Specification Form

Date request submitted: _____

Candidate: _____ Thesis Supervisor(s): _____

_____

Thesis Supervisor is responsible for <u>choosing</u> and <u>confirming</u> the following <u>minimum</u> required members. Please include any additional committee members on this form.

1. One additional OCICS member from the School: _____

2. one OCICS member from SITE: _____
   Name email address

3. Chair of defence: _____

   Indicate the fields being tested and by which members: (usually one major & two minors)
   1. Major:_____
   2. Minor:_____
   3. Minor:_____

I **WRITTEN COMPREHENSIVE.** Questions should be approved by the Thesis Supervisor and given to the Graduate Administrator at least two weeks before the written exams. Instructions should be clear as to time allowed per set of questions, whether an open book is permitted, etc. At least one committee member should be available to respond to any questions by the student. **Please indicate when written exams should be scheduled for:**

Examiner	**Date**	**Amount of time**
_____	_____	_____
_____	_____	_____
_____	_____	_____

II **ORAL COMPREHENSIVE (usually held within a week of the written examinations) Scheduled for:**

The Thesis Supervisor is responsible for <u>confirming that all members</u> are available for this date/time. This information must be provided at least <u>3 weeks</u> before the proposed date.

Specific date _____ Time _____Room _____

Booked:_____