

Any person returning this completed and signed form to the School of Graduate Studies and Postdoctoral Affairs, Room 256 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: _____

DATE: _____

Graduate Coordinator

DATE: _____

Student