

Department of Civil Engineering, York University
PhD Comprehensive Examination Request Form

Please consult the Department of Civil Engineering's Policies and Procedures for the PhD Comprehensive Examination before completing this form.

Student's Name:

Student Number:

Supervisor's Name:

[In case of joint supervision, please provide name of all the co-supervisors]

Research Project Title:

Major Area of Research:

Date for Written Exam:

Date & Time for the Oral Component:

Examination Committee Members in addition to the Supervisor(s):

Examiner #1		Examiner #2	
Name:		Name:	
Title & Position:		Title & Position:	
Affiliation:		Affiliation:	
Email:		Email:	

Student Signature: _____

Supervisor Signature: _____

To be completed by the Graduate Program Assistant:

Examination Committee Chair (GPD or GPD's designate):

Approval of the Graduate Program Director:

Location of Oral Exam:

Date: