

COMPREHENSIVE EXAMINATION

DO NOT WRITE IN SHADED AREAS



SECTION A			STUDENT INFORMATION		
SURNAME		GIVEN NAMES		STUDENT NO.	
E-MAIL		FIRST SESSION OF REGISTRATION FALL _____ WINTER _____ SPRING/SUMMER _____ YEAR _____		NAME OF SUPERVISOR(S)	

SECTION B <i>(to be completed by Chair of Committee)</i>	EVALUATION	Chair (Print): _____
		Signature: _____

1. PASS
2. REFERRED: ONE OR MORE DEFICIENCIES IDENTIFIED IN WRITTEN AND/OR ORAL (OR BOTH). CORRECTIVE MEASURES PRESCRIBED.
3. FAIL: STUDENT MUST REDO THE COMPREHENSIVE EXAM WITHIN _____ TERM(S)
4. FAIL: STUDENT SHOULD WITHDRAW FROM PROGRAM

COMMENTS:

SIGNATURES

_____ THESIS SUPERVISOR (PRINT)	_____ SIGNATURE	_____ DATE OF EXAMINATION
_____ THESIS CO-SUPERVISOR (PRINT)	_____ SIGNATURE	
_____ COMMITTEE MEMBER (PRINT)	_____ SIGNATURE	
_____ COMMITTEE MEMBER (PRINT)	_____ SIGNATURE	
_____ STUDENT NAME (PRINT)	_____ SIGNATURE	

GPD APPROVAL

_____ GRADUATE PROGRAM DIRECTOR (PRINT)	_____ DATE	_____ SIGNATURE
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