



CDNS 6905: Comprehensive Examination #1 Request Form

In accordance with the Ph.D. Guidelines, this form is to be completed and submitted to the Program Administrator, copying the Graduate Supervisor, **once you are considered by your committee to be ready for the written exam and at least two weeks before the proposed writing date.** Comprehensive exam #1 is normally held in October of year 2.

Name and student #: _____

Field(s) of comprehensive:

Written examination date(s) and time): _____

Format:

take-home (7 days)

sit-down (4 hours)

Oral defence date and time (pending Comp committee recommendation): _____

Please note that one week before the date for writing the exam, the Comprehensive Examination Committee provides a list of 6 questions to the Program Administrator, copying the Graduate Supervisor.

Examiners: PLEASE PRINT AND SIGN NAME

_____ Supervisor

_____ Examiner

_____ Examiner

Date: _____

Signature of student: _____

Departmental Use: Examination scheduled for: _____

Graduate Supervisor Approval: _____