

School of Computer Science

**Ph.D. Comprehensive Examination Specification (COMP 6907)**

Date request submitted: \_\_\_\_\_ Candidate: \_\_\_\_\_ Student #: \_\_\_\_\_

Thesis Supervisor(s): \_\_\_\_\_

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

1. One additional OCICS member from the School: \_\_\_\_\_

2. One OCICS member from Ottawa U: \_\_\_\_\_ Email: \_\_\_\_\_

3. Chair of Defence: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the fields being tested and by which members: (usually one major & two minors)

1. Major: \_\_\_\_\_ Member: \_\_\_\_\_

2. Minor: \_\_\_\_\_ Member: \_\_\_\_\_

3. Minor: \_\_\_\_\_ Member: \_\_\_\_\_

**I. WRITTEN COMPREHENSIVE:** The written exam should be given to the Graduate Administrator at least two weeks before the day of the exam. Instructions should be clear as to time allowed per set of questions, whether an open book is permitted, etc. It will be ideal if the member can provide contact details to the Graduate Administrator in case the student has questions during the exam.

**Please indicate when written exams should be scheduled for:**

Examiner:	Date:	Time:	Amount of time:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. ORAL COMPREHENSIVE** (usually held within a week of the written examinations): The Thesis Supervisor is responsible for confirming that all members are available for this date/time. **This information must be provided at least 3 weeks before the proposed date.**

**Scheduled for:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room: \_\_\_\_\_

**Please email completed form to [grad.scs@carleton.ca](mailto:grad.scs@carleton.ca)**