



Surname: _____ Given Name(s): _____

Department: _____ ID #: _____

Proposal Title: _____

Examining Committee Membership:

Supervisor(s) plus three University of Waterloo faculty of which at least one must be external to candidate's department. **All members of the examining committee must be present at the comprehensive examination.**

Full Name	Member Type	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Committee membership has been approved by Associate Chair of Graduate Studies

 Associate Chair, Graduate Studies _____
Date

The Comprehensive Examination is scheduled for:

 Day Month Day Year Time Location

The Chair for the Examining Committee appointed by the Engineering Graduate Office is:

 Name of Chair _____
Department