

**UNIVERSITY OF WATERLOO
FACULTY OF ENGINEERING
GRADUATE STUDIES**

Report of PhD Comprehensive Examination

(The report consists of 4 pages)

Signatures are required of all examining committee members on Page 3 for categories 1, 2 and 3

SURNAME: _____ **GIVEN NAME:** _____

DEPARTMENT: _____ **ID NO.** _____

SUPERVISOR(S): _____

PROGRAM ADMISSION DATE: _____

PROGRAM RECORD

Term	Course No.	Title	Grade	Rank

Decision of Examination:

- Category 1 Passed
- Category 2 Passed subject to completion of recommendations specified on Page 2 of this report
- Category 3 Re-examination as specified on Page 2 of this report
- Category 4 Failed (Page 4 must be completed and signed by committee members)

Date **Name of Chair** **Signature of Chair**

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DEPARTMENT: _____ **ID NO.** _____

CATEGORY 2 **PASSED SUBJECT TO COMPLETION OF RECOMMENDATIONS**

CONDITIONS TO BE MET BY CANDIDATE NO LATER THAN: **DATE (Required)** ___ ___ ___
Day Month Year

CATEGORY 3 **RE-EXAMINATION**

RE-EXAMINATION DATE ___ ___ ___
Day Month Year

CONDITIONS TO BE MET BY CANDIDATE BEFORE RE-EXAMINATION:

_____ **Date** _____ **Name of Chair** _____ **Signature of Chair**

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SURNAME: _____ **GIVEN NAME:** _____

DEPARTMENT: _____ **ID NO.** _____

EXAMINATION OF PREPARATION IN FIELD OF STUDY

MAJOR FIELD: _____

The undersigned are satisfied that the candidate has demonstrated a broad knowledge of the field of study, subject to the recommendations reported on Page 2 (Indicate Supervisor(s))

ALL SIGNATURES REQUIRED

THESIS RESEARCH PROPOSAL

The undersigned accept the thesis proposal described on Page 1 subject to any conditions specified on Page 2

ALL SIGNATURES REQUIRED

The requirements for the PhD COMPREHENSIVE EXAMINATION (Milestone) have been satisfied

Date

Associate Chair, Graduate Studies

Copies to
 Graduate Studies Office

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CATEGORY 4 **FAILED DUE TO REASONS SUMMARIZED BELOW:**

SIGNATURES OF COMMITTEE MEMBERS

ALL SIGNATURES REQUIRED

Date

Name of Chair

Signature of Chair