



Surname: _____ Given Name(s): _____

Department: _____ ID#: _____

Supervisor(s): _____

Proposal Title: _____

Academic Record:

Term	Course No.	Title	Grade	Status
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Decision of Examination

Indicate category and required information

CATEGORY 1 Passed

Full Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All Signatures Required

_____	_____	_____
Name of Chair	Signature of Chair	Date

The Requirements of the PhD Comprehensive Examination Milestone have been satisfied

_____	_____
Signature of Associate Chair, Graduate Studies	Date



Surname: _____

Given Name(s): _____

Department: _____

ID#: _____

CATEGORY 4 **Failed due to reasons summarized below:**

Full Name

Signature

All Signatures Required

Name of Chair

Signature of Chair

Date

Signature of Associate Chair, Graduate Studies

Date