



## Appointment of Comprehensive Examination Committee

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Department: Pharmacy

### Comprehensive Details:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Examining Committee:** The University requires that the committee includes at least three examiners who:

- Hold a PhD or equivalent degree (as determined by the Associate Vice President, Graduate Studies and Postdoctoral Affairs),
- Two of whom are not the student's supervisor(s),
- At least one of whom is a tenured or tenure-track member of the student's Department or School, and
- At least two of whom hold regular faculty appointments at the University of Waterloo.

Additional committee members may be required at the discretion of the Faculty, Department or Program. When examining committee members are external to the University of Waterloo, their purpose in the exam process shall be clearly communicated to the student. Normally, the examining committee will not exceed five examiners.

The comprehensive exam shall be Chaired by a tenured or tenure-track faculty member at the University of Waterloo with Approved Doctoral Dissertation Supervision (ADDS) status, normally from the student's home Department / School, who is not the student's supervisor or co-supervisor. The Chair's role is at a minimum to ensure that this portion of the exam is conducted consistent with appropriate guidelines. The Chair is non-voting.

Edit table accordingly.

Role:	Name	Rank	Department
Examiner:			Pharmacy
Examiner:			
Examiner:			
Examiner:			
Chair of the Exam:			Pharmacy

Identify the member(s) of the examining committee responsible for determining that the conditions have been met. Normally, this determination will be made by at **least one member of the committee other than the student's supervisor or co-supervisors\***. Failure to satisfy the conditions within the designated time limit shall result in an outcome of Re-examination.

\_\_\_\_\_  
\*Name of Examiner(s) for Conditions

### Approvals:

Department Graduate Chair/Officer: \_\_\_\_\_

Name:

\_\_\_\_\_ Date

Associate Dean, Graduate Studies: \_\_\_\_\_

Name:

\_\_\_\_\_ Date