



REPORT ON ORAL COMPREHENSIVE EXAMINATION

(This form is to be submitted by the Chair of the Examining Committee)

MEETING INFORMATION

Date of this Examination (yyyy/mm/dd):

EXAMINING COMMITTEE

Chair:
Members:

STUDENT INFORMATION

Student Name:	Student Number:
Date of start of PhD Program:	Direct transfer from M.Sc.? <input type="checkbox"/> yes <input type="checkbox"/> no

EXAMINATION RESULT

pass fail

COMMENTS TO THE STUDENT

Please please provide any remarks concerning strengths or weakness in the student's background that might help guide the student's future studies.

APPROVALS

Examining Committee Chair:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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Graduate Program Advisor:

_____ Signature	_____ Name (Please Print)	_____ Date (yyyy/mm/dd)
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(Copies of this report are to be provided to the student and supervisor(s))