Toronto Metropolitan University

Civil Engineering
Graduate Studies

PhD Candidacy Examination Scheduling Request Form

Student Name _____ Student ID _____

Supervisor _____ Area of Specialization _____

PhD Proposal Title _____

First Term of Study _____ Expected Term of Completion _____

Examination Committee Members:

	Name	Department/University
Chair		
Member (Supervisor)		
Member (Required)		
Member (Required)		
Member (Optional)		
Member (Optional)		

The Examination Committee must include (1) the student's supervisor(s), (2) one faculty member from the Civil Engineering department, and (3) at least one additional member who is a faculty member or a YSPGS associate member from the Civil Engineering program or a faculty member from another TMU graduate program with YSGPS membership.

	Date & Time	Room
Written Examination		
Oral Examination		

NOTE: If any multimedia equipment is required for the exam, students are responsible for making advanced booking arrangements.

Student's Signature _____ Date

Supervisor's Signature _____ Date

Associate Chair's Signature _____ Date