

PhD CANDIDACY WRITTEN EXAMINATION NOTIFICATION

STUDENT INFORMATION

Student Name:

Student ID#:

Supervisor(s):

Research Topic:

EXAMINING COMMITTEE MEMBERS

Please list the Examining Committee members.

	Name	Department	Signature*	Date
Chair				
Member				
Member				
Member				

*** By agreeing to serve, a committee member (excluding the Chair) agrees to provide a written question within two weeks of signing.**

EXTERNAL COMMITTEE MEMBER INFORMATION

Please complete the following for any external member listed above.

Name:

Institution:

Position:

Email address:

APPROVAL SIGNATURES

Student:

Date:

Graduate Program Director:

Date: