



# Graduate Studies Comprehensive Exam Request and Appointment of Examiners

*This form must be submitted to the Graduate Studies Office at least 4 weeks prior to the comprehensive examination.*

## Student and Comprehensive Exam Information

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Program: \_\_\_\_\_

Anticipated Graduation Term/Year:  Fall  Winter  Spring / 20\_\_\_\_\_

Thesis Topic (if applicable): \_\_\_\_\_

## Recommended Comprehensive Examination Committee

If the Exam Committee has additional members, please list them on page 2.

Additional members are listed on page 2.

Graduate Supervisor: \_\_\_\_\_

Department/contact info: \_\_\_\_\_

Graduate Co-Supervisor (if applicable): \_\_\_\_\_

Department/contact info: \_\_\_\_\_

Departmental Reader: \_\_\_\_\_

Department/contact info: \_\_\_\_\_

External Reader: \_\_\_\_\_

Position/Title \_\_\_\_\_

Institution: \_\_\_\_\_

Email/Contact Information: \_\_\_\_\_

## Comprehensive Exam Request

Has the Exam Committee received a copy of all of the student's written exam assignments?  Yes  No

### Exam Requested:

on (date/time agreed upon by the Committee) \_\_\_\_\_, OR  
 between the dates of \_\_\_\_\_ and \_\_\_\_\_ (to be confirmed via poll)

Do you require a Zoom meeting link?  Yes  No

Specify any other accommodations or tech requests below:

### Signatures

Graduate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate (Co)Supervisor (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate Studies: \_\_\_\_\_ Date: \_\_\_\_\_

---

### Additional Examiners:

Examiner: \_\_\_\_\_

Department/contact info: \_\_\_\_\_

Examiner: \_\_\_\_\_

Department/contact info: \_\_\_\_\_

Examiner: \_\_\_\_\_

Department/contact info: \_\_\_\_\_

Examiner: \_\_\_\_\_

Department/contact info: \_\_\_\_\_