



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: _____