

Doctor of Philosophy in Education Comprehensive Examination Report

University of Lethbridge ID Number

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Today's Date

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All students in the Doctor of Philosophy in Education program must take and pass a comprehensive examination by the end of their program's second year. At the time of admission, the Doctor of Philosophy in Education Committee gives students information on the comprehensive examination requirement.

The Chair of the Comprehensive Examination Committee passes on the examination results to the Associate Dean of Graduate Studies and Research in Education within 24 hours in cases of a failed exam or within one week if the student passes the exam.

Review the Doctor of Philosophy in Education Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname: _____		Given Name(s): _____	
Major: Education		Year/Term of Start in Program: _____	
Concentration: <input type="checkbox"/> Counselling Psychology <input type="checkbox"/> Formal and Distributive Leadership <input type="checkbox"/> Learning, Teaching and Curriculum			
(Co) Supervisor name: _____		(Co) Supervisor name: _____	

Assessment

<input type="checkbox"/> Written examination	Date of examination: _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Oral examination	Date of examination: _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Other*	Date of examination: _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

**Any deviation or alternate process must be pre-approved by the School of Graduate Studies.*

Comprehensive Examination Committee membership

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Chair name: _____	

Comprehensive Examination Committee Chair signature

Chair signature: _____	Date: _____
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Submit completed form to Graduate Studies and Research in Education Office in Turcotte Hall.

Office use only (final approval)

Name: _____	Signature: _____	Date: _____
Associate Dean, Graduate Studies and Research in Education		
Name: _____	Signature: _____	Date: _____
Dean, School of Graduate Studies		